PHARMACY INDIA

D.PHARMA EXIT EXAM

ARAMBH SERIES

SUBJECT

PHARMACOLOGY

TIME-
08:00 P.M

40 QUESTIONS WITH DETAILED EXPLANATION

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के साथ.....

WHATSAPP & TELEGRAM SE JUDNE KE LIYE ICONS PAR CLICK KARE

1. Progesterone is secreted by

(a) Ovarian follicles

(b) Corpus luteum

(c) Granulosa and theca cells

(d) All of the above

1. Progesterone is secreted by

(a) Ovarian follicles

(b) Corpus luteum

(c) Granulosa and theca cells

(d) All of the above

- Progesterone is an endogenous steroid hormone that is commonly produced by the adrenal cortex as well as the gonads, which consist of the ovaries and the testes.
- Progesterone is also secreted by the ovarian corpus luteum during the first ten weeks of pregnancy, followed by the placenta in the later phase of pregnancy.

2. What hormone does the parathyroid gland produce

(a) Calcitonin

(b) PTH

(c) TSH

(d) Insulin

2. What hormone does the parathyroid gland produce

(a) Calcitonin

(b) PTH

(c) TSH

(d) Insulin

- The main function of the parathyroid glands is to make the parathyroid hormone (PTH).
- This chemical regulates the amounts of calcium, phosphorus and magnesium in the bones and blood. The minerals calcium and phosphorus are crucial for healthy bones.

3. Testosterone is secreted by

(a) Sertoli cells

(b) Leydig cells

(c) Thyroid

(d) Spermatogenic cells

3. Testosterone is secreted by

(a) Sertoli cells

(b) Leydig cells

(c) Thyroid

(d) Spermatogenic cells

- Testosterone is the primary male hormone regulating sex differentiation, producing male sex characteristics, spermatogenesis, and fertility.

4. Leprosy is caused by

(a) Clostridium perfringens

(b) Pseudomonas aeruginosa

(c) Bacillus anthracis

(d) Mycobacterium leprae

4. Leprosy is caused by

(a) Clostridium perfringens

(b) Pseudomonas aeruginosa

(c) Bacillus anthracis

(d) Mycobacterium leprae

5. Following is a ß-lactamase inhibitor

(a) Imipenem

(b) Clavulanic acid

(c) Aztreonam

(d) Meropenem

5. Following is a ß-lactamase inhibitor

(a) Imipenem

(b) Clavulanic acid

(c) Aztreonam

(d) Meropenem

Clavulanate, sulbactam, tazobactam
These are beta-lactamase inhibitors

6. The first vaccine was developed by

(a) Louis Pasteur

(b) Edward Jenner

(c) Carl Landsteiner

(d) Joseph Lister

6. The first vaccine was developed by

(a) Louis Pasteur

(b) Edward Jenner

(c) Carl Landsteiner

(d) Joseph Lister

- Edward Jenner was an English physician and scientist who pioneered the concept of vaccines and created the smallpox vaccine, the world's first vaccine.

7. All are used in the prophylaxis of migraine EXCEPT

(a) Propranolol
(b) Flunarizine
(c) Amitriptyline
(d) Sumatriptan

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(a) Propranolol
(b) Flunarizine
(c) Amitriptyline
(d) Sumatriptan

PROPHYLAXIS OF MIGRAINE (Trick - ABCD)

(1) Anticonvulsants - Gabapentin, Sodium valproate, Topiramate.

(2) B-blockers - Propranolol, Timolol, Atenolol, Metoprolol

(3) Calcium Channel Blocker - Flunarizine.

(4) Antidepressants - Amitriptyline.

(5) Others - Methasergide and Cyproheptadine (Rarely used)

8. Which immunoglobulin can pass through placenta

(a) IgD
(b) IgE
(c) IgM
(d) IgG

8. Which immunoglobulin can pass through placenta

(a) IgD

(b) IgE

(c) IgM

(d) IgG

Class of Antibody	Serum levels	Structure	Biological functions
IgM	5%	Monomer Pentamer	Membrane-bound immunoglobulin on the surface of immature and mature B cells First antibody produced in a primary response to an antigen First antibody produced by the fetus Efficient in binding antigens with many repeating epitopes, such as viruses Classical complement activation
IgD	0.3%	Monomer	Membrane-bound immunoglobulin on the surface of mature B cells No biological effector function known
IgA	7-15%	Monomer Dimer	Predominant antibody class in secretions (saliva, tears, breast milk) and mucosa First line of defence against infection by microorganisms
IgG	85%	Monomer	Most abundant class with four isotypes - IgG1, IgG2, IgG3, IgG4 Crosses the placenta Opsonization
IgE	0.02%	Monomer	Defence against parasite infections Associated with hypersensitivity reactions (allergies) Found mainly in tissues

9. Antifungal agent is

(a) Penicillin

(b) Tetracycline

(c) Amphotericin B

(d) Sulfones

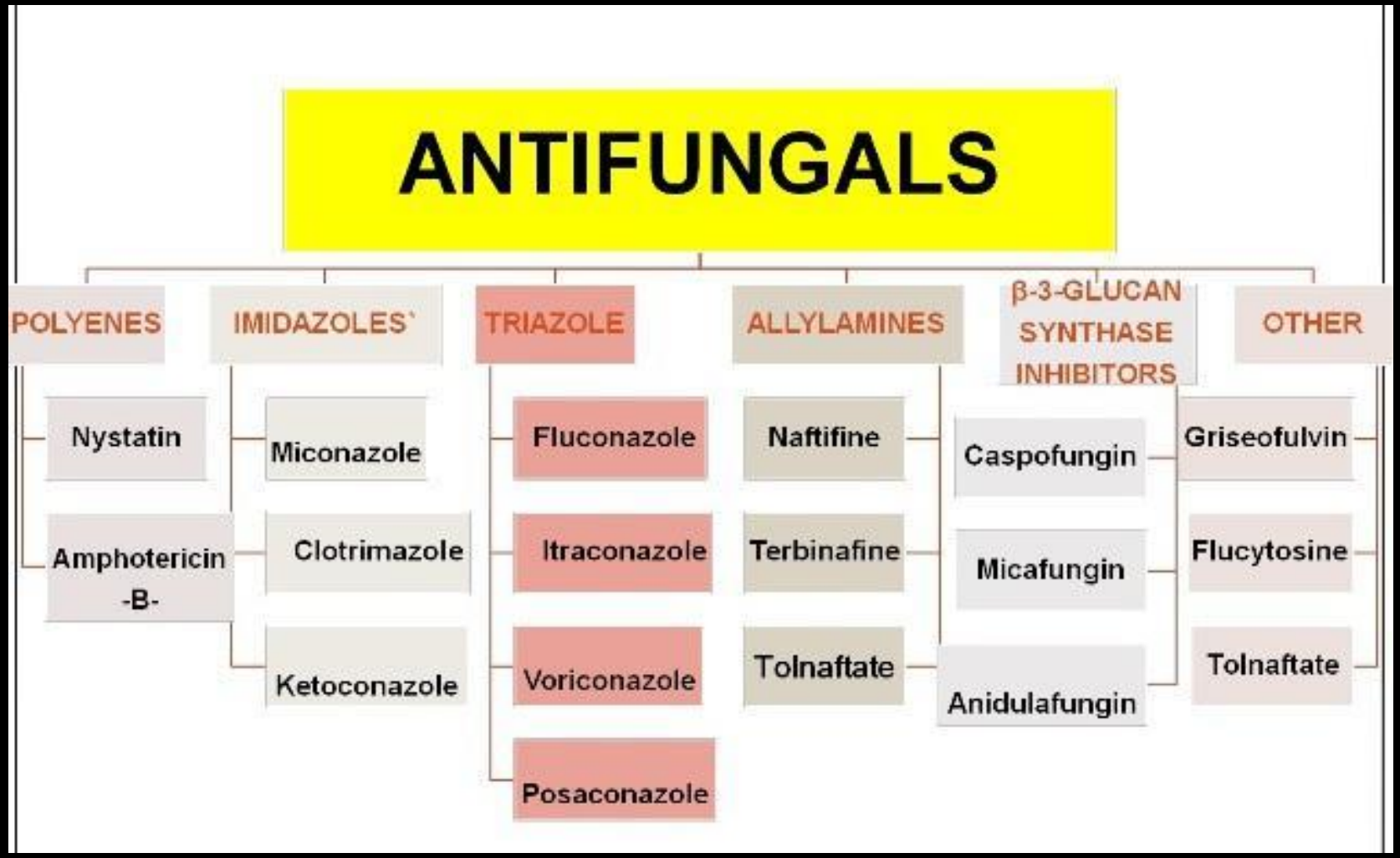
9. Antifungal agent is

(a) Penicillin

(b) Tetracycline

(c) Amphotericin B

(d) Sulfones



10. Antitubercular agent is

(a) Isoniazid

(b) Chloroquine

(c) Cycloserine

(d) Griseofulvin

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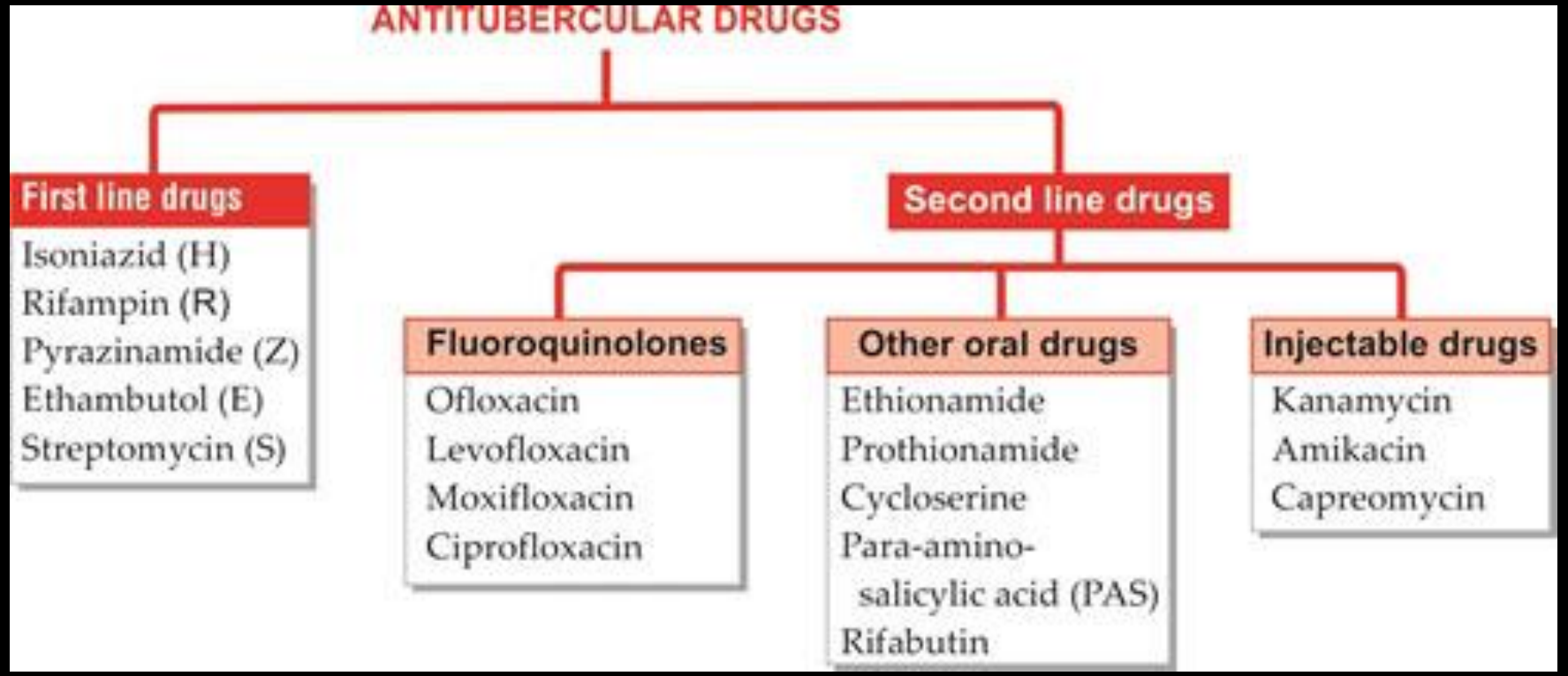
(a) Isoniazid

(b) Chloroquine

(c) Cycloserine

(d) Griseofulvin



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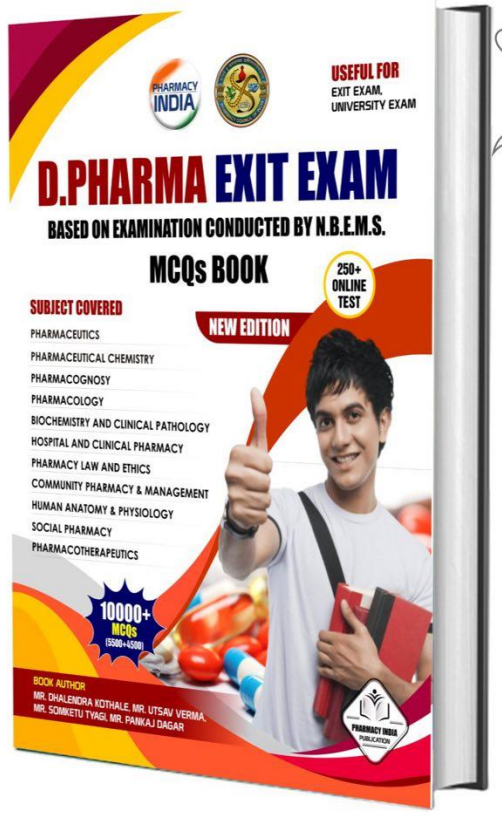

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11. Aminoglycoside antibiotic is

(a) Ketolides

(b) Streptomycin

(c) Erythromycin

(d) Bacitracin

11. Aminoglycoside antibiotic is

(a) Ketolides

(b) Streptomycin

(c) Erythromycin

(d) Bacitracin

12. Drug used in typhoid fever is

(a) Penicillin

(b) Acyclovir

(c) Gentamicin

(d) Cotrimoxazole

12. Drug used in typhoid fever is

(a) Penicillin

(b) Acyclovir

(c) Gentamicin

(d) Cotrimoxazole

13. Drug used in urinary tract infection is

(a) Nalidixic acid
(b) Nitrofurantoin
(c) Methinamine
(d) All of these

13. Drug used in urinary tract infection is

(a) Nalidixic acid
(b) Nitrofurantoin
(c) Methinamine
(d) All of these

14. Antiamoebic drug is

(a) Rifampin

(b) Clofazamine

(c) Metronidazole

(d) Trimethoprim

14. Antiamoebic drug is

(a) Rifampin

(b) Clofazamine

(c) Metronidazole

(d) Trimethoprim

15. Antimalarial drug is

(a) Fentanyl

(b) Aspirin

(c) Chloroquine

(d) Enalapril

15. Antimalarial drug is

(a) Fentanyl

(b) Aspirin

(c) Chloroquine

(d) Enalapril

16. Antiherpes drug is

(a) Atropine

(b) Itraconazole

(c) Nystatin

(d) Acyclovir

16. Antiherpes drug is

(a) Atropine

(b) Itraconazole

(c) Nystatin

(d) Acyclovir

17. Antiretroviral drug is

(a) Carbachol

(b) Zidovudine

(c) Allopurinol

(d) Propranolol

17. Antiretroviral drug is

(a) Carbachol

(b) Zidovudine

(c) Allopurinol

(d) Propranolol

18. Anthelminthic drug is

(a) Mebendazole

(b) Rifampin

(c) Piroxicam

(d) Tacrine

18. Anthelminthic drug is

(a) Mebendazole

(b) Rifampin

(c) Piroxicam

(d) Tacrine

19. Anticancer drug is

(a) Trimethoprim

(b) Topotecan

(c) Naltrexone

(d) Mefenamic acid

19. Anticancer drug is

(a) Trimethoprim

(b) Topotecan

(c) Naltrexone

(d) Mefenamic acid

20. Type II allergic reactions are also called as

(a) Anaphylactic reaction
(b) Cell-mediated reaction
(c) Cytotoxic reaction
(d) Arthus reaction

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(a) Anaphylactic reaction

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Drug allergy

1. Type I hypersensitivity (immediate type, anaphylactic) reactions

- ✓ It is a rapidly occurring reaction, hence called immediate hypersensitivity reaction.
- ✓ The manifestations are itching, urticaria, hay fever, asthma or even anaphylactic shock.
- ✓ Exposure to certain drugs (penicillin, aspirin, lignocaine) → Production of IgE antibodies - fix to mast cells → On re-exposure to the same drug → Ag-Ab reaction occurs on the mast cell surface → Release of mediators (Histamine, 5-HT, PGs, LTS, PAF) → Hypetension, bronchospasm, angioedema, urticaria, rhinitis and anaphylactic shock.

2. Type II hypersensitivity (cytotoxic) reactions:

- ✓ The antibodies (IgG and IgM) react with cell-bound antigen and cause activati of complement, which destroys the cells.
- ✓ IgG- and IgM-mediated → The antibody reacts with cell-bound antigens → Antigen (Specific antibody) → Activation of complement → Destruction of cells.
- ✓ Examples are blood transfusion reactions. haemolytic anaemias produced by quinine, quinidine and cephalosporins, etc.

Drug allergy

3. Type III hypersensitivity (Arthus, serum sickness) reactions

- ✓ In this type of reaction, antibodies involved are mainly IgG.
- ✓ AG AB complexes are formed → Fix complement → Deposition of complexes on vascular endothelium → Destructive inflammatory response.
- ✓ For example, scrum sickness (fever, urticaria, joint pain, lymphadenopathy) with penicillins and sulphonamides.

4. Type IV hypersensitivity (cell-mediated or delayed hypersensitivity) reactions

- ✓ It is mediated by sensitized T lymphocytes.
- ✓ Re-exposure to the antigen leads to a local inflammatory response.
- ✓ The manifestations usually occur 1-2 days after exposure to the sensitizing antigen, eg. contact dermatitis due to local anaesthetic creams, topical antibiotics and antifungal agents

Idiosyncrasy: It is usually a genetically determined abnormal reaction to drugs, e.g., aplastic anaemia caused by chloramphenicol, succinylcholine apnoea, haemlytic anaemia seen with primaquine and sulphonamides.

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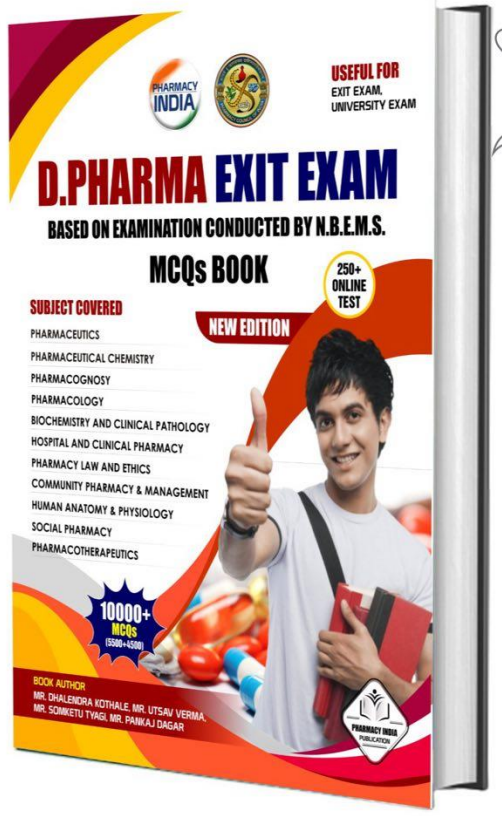

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21. Which of the following is NOT used sublingually

(a) Isosorbide dinitrate

(b) Nifedipine

(c) Nitrofurantoin

(d) Nitro-glycerin

21. Which of the following is NOT used sublingually

(a) Isosorbide dinitrate

(b) Nifedipine

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Sublingual (S.L.) or buccal –

- The tablet or pellet containing the drug is placed under the tongue or crushed in the mouth and spread over the buccal mucosa.
- Only lipid soluble and non-irritating drugs can be so administered.
- E.g. GTN, buprenorphine, desamino-oxytocin.

22. Which of the following can be marketed under generic name

(a) Analgin

(b) Meprobamate

(c) Glutethimide

(d) Barbital

22. Which of the following can be marketed under generic name

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(b) Meprobamate

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(d) Barbital

Analgin

- Analgin is generic name of Metamizole sodium.
- Analgin is an analgesic and antipyretic, in which the analgesic effect is considered the leading.

23. Through which route Ipratropium bromide is administered

(a) Subcutaneous

(b) Topical application

(c) Oral

(d) Inhalation

23. Through which route Ipratropium bromide is administered

(a) Subcutaneous

(b) Topical application

(c) Oral

(d) Inhalation

Inhalational route

- Absorption takes place from alveoli.
- E.g. General anaesthetics, Ipratropium bromide.

Nasal route

- Mucous membrane of the nose absorb many drugs.
- E.g. GnRH agonist, Calcitonin, Desmopressin.

24. All of the following are examples of irrational drug use EXCEPT

(a) Using drugs in a cost-effective way

(b) Unnecessary prescribing for self-limiting conditions

(c) Overdosing and underdosing

(d) Prescribing drugs of no value

24. All of the following are examples of irrational drug use EXCEPT

(a) Using drugs in a cost-effective way

(b) Unnecessary prescribing for self-limiting conditions

(c) Overdosing and underdosing

(d) Prescribing drugs of no value

Examples of irrational use of medicines include:

- use of too many medicines per patient ("poly-pharmacy")
- inappropriate use of antimicrobials
- often in inadequate dosage
- for non-bacterial infections
- over-use of injections when oral formulations would be more appropriate

25. Irritant drugs are NOT given by

(a) Intramuscularly

(b) Topically

(c) Subcutaneously

(d) Intravenously

25. Irritant drugs are NOT given by

(a) Intramuscularly

(b) Topically

(c) Subcutaneously

(d) Intravenously

Topical route

- ✓ This refers to external application of the drug to the surface for localized action.
- ✓ It is often more convenient as well as encouraging to the patient.
- ✓ Drugs can be efficiently delivered to the localized lesions on skin, oropharyngeal/ nasal mucosa, eyes, ear canal, anal canal or vagina in the form of lotion, ointment, cream, powder, rinse, paints, drops, spray, lozenges, suppositories or pessaries.

26. Drug obtained from plant source

(a) Reserpine

(b) Penicillin

(c) Ethanol

(d) Sulfamethoxazole

26. Drug obtained from plant source

(a) Reserpine

(b) Penicillin

(c) Ethanol

(d) Sulfamethoxazole

Different sources of drugs are:

Plants
Morphine, atropine Digoxin, quinine, reserpine etc.

Animals
Insulin, heparin

Minerals
Ferrous sulphate, magnesium sulphate

Microorganism
Penicillin ,streptomycin

Semisyntheic
Hydromorphine, hydrocodon

Synthetic
Aspirin, Paracetamol

27. The drug is placed under the tongue and allow to dissolve, this process is called as

(a) Parenteral administration

(b) Oral administration

(c) Sublingual administration

(d) Intradermal administration

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28. Which type of force act in drug receptor interaction

(a) Covalent

(b) Electrostatic administration

(c) Hydrophobic

(d) All of these

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(a) Covalent

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(d) All of these

29. Which of the following drug is commonly administered by intranasal route

(a) Insulin

(b) Adrenaline

(c) Desmopressin

(d) Ganirelix

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(b) Adrenaline

(c) Desmopressin

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Inhalational route

- Absorption takes place from alveoli.
- E.g. General anaesthetics, Ipratropium bromide.

Nasal route

- Mucous membrane of the nose absorb many drugs.
- E.g. GnRH agonist, Calcitonin, Desmopressin.

30. Major mechanism of transport of drugs across biological membranes is by

(a) Passive diffusion

(b) Active transport

(c) Endocytosis

(d) Facilitated diffusion

30. Major mechanism of transport of drugs across biological membranes is by

(a) Passive diffusion

(b) Active transport

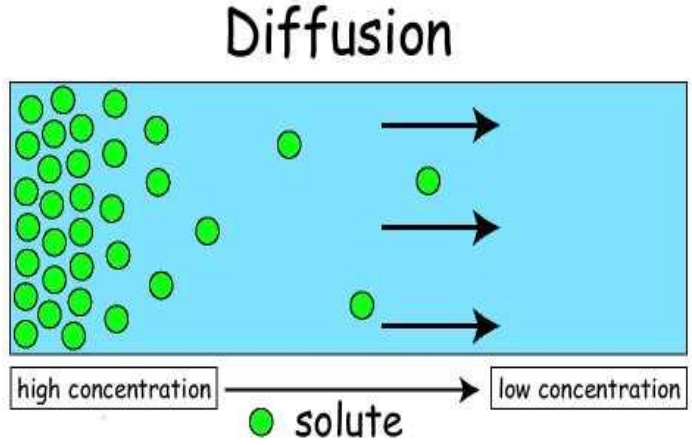
(c) Endocytosis

(d) Facilitated diffusion

Passive Diffusion

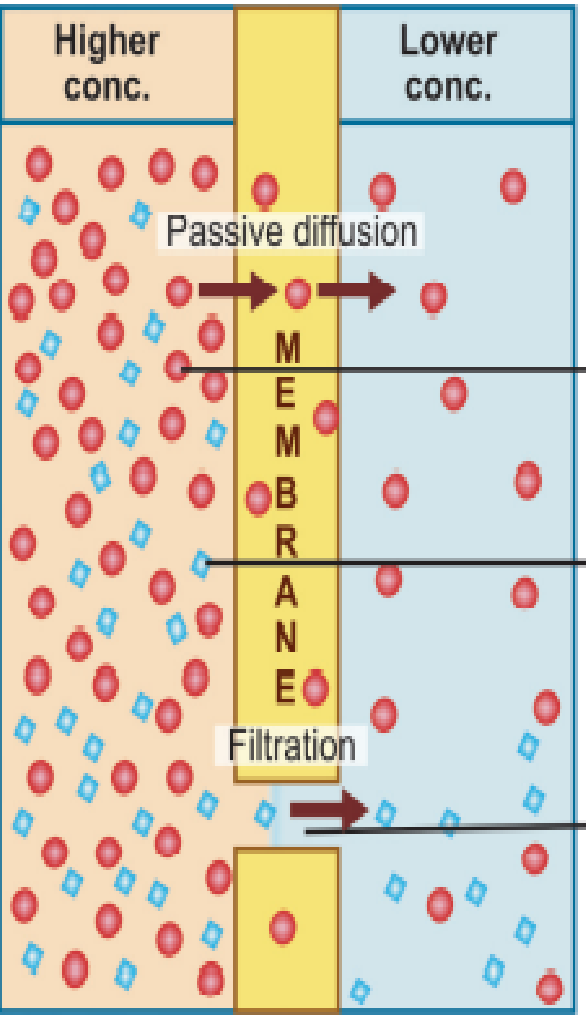
- It is a bidirectional process. Also called **nonionic diffusion**, it is the major process for absorption of more than 90% of the drugs.

- **Passive diffusion** is best expressed by **Fick's first law of diffusion**, which states that the drug molecules diffuse from a region of higher concentration to one of lower concentration until equilibrium is attained and that the rate of diffusion is directly proportional to the concentration gradient across the membrane.



- Lipid-soluble drugs are transported across the membrane by passive diffusion.

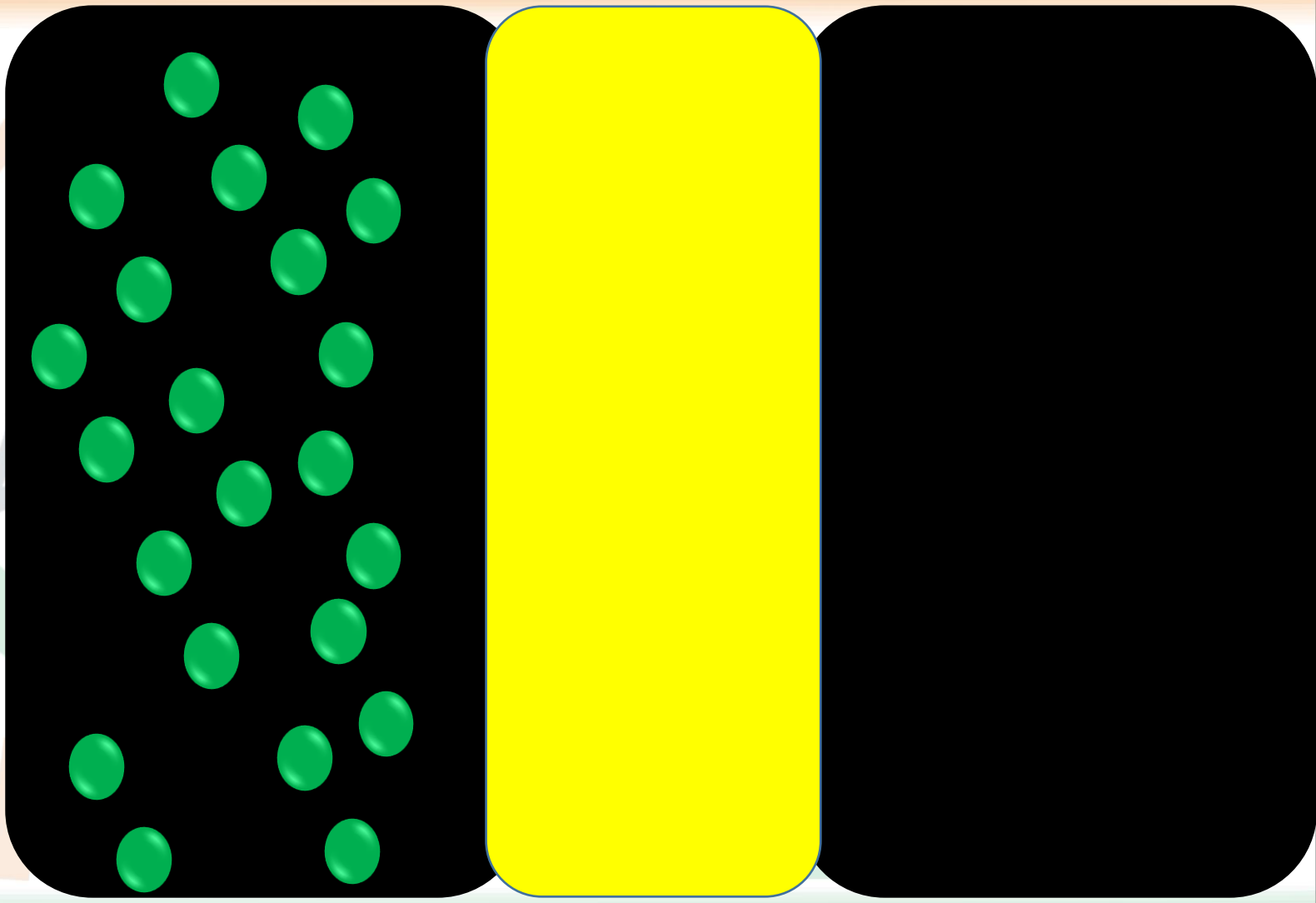
It does no requires Energy i.e No need of ATP



Lipid-soluble drug

Nonlipid-soluble drug

Aqueous pore/ paracellular space



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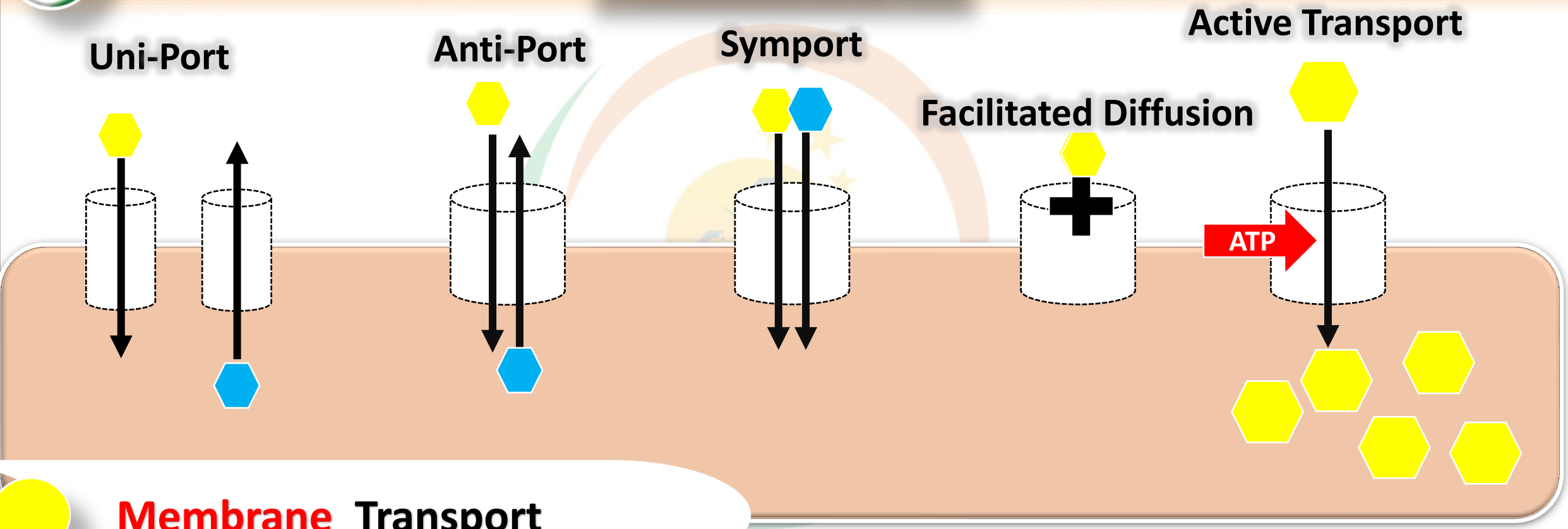

Membrane Transport

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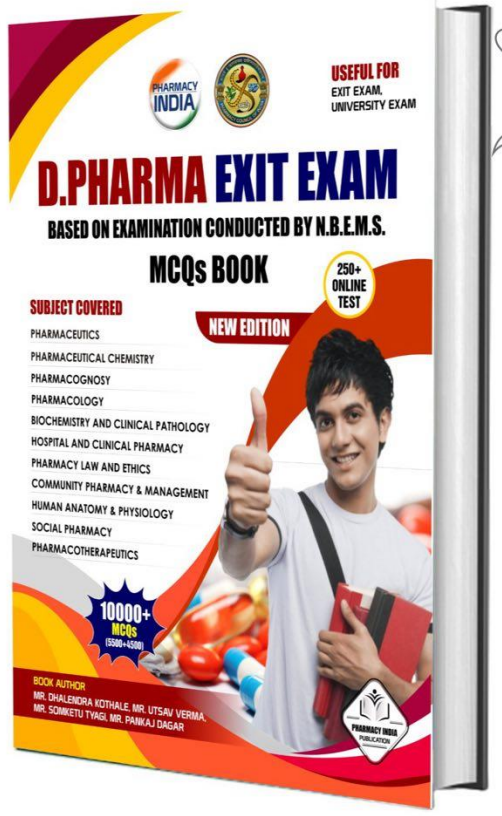

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31. Facilitated diffusion of Glucose takes place sites EXCEPT

(a) Skeletal muscle

(b) Adipose tissue

(c) Insulin dependent tissues

(d) Renal tubules

31. Facilitated diffusion of Glucose takes place sites EXCEPT

(a) Skeletal muscle

(b) Adipose tissue

(c) Insulin dependent tissues

(d) Renal tubules

Facilitated Diffusion of Glucose

- ✓In skeletal muscle and adipose tissue, insulin promotes membrane trafficking of the glucose transporter GLUT4 from GLUT4 storage vesicles to the plasma membrane, thereby facilitating the uptake of glucose from the circulation.

32. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention
(b) Sedation
(c) Gastric irritation
(d) Rashes

32. Which is NOT an adverse effect seen with non-steroidal anti-inflammatory drugs

(a) Fluid retention

(b) Sedation

(c) Gastric irritation

(d) Rashes

Shared toxicities due to PG synthesis inhibition

- Gastric mucosal damage
- Bleeding - Inhibition of Platelet function.
- Limitation of renal blood flow : Na^+ and water retention.
- Delay/Prolongation of labour.
- Asthma and anaphylactoid reaction in susceptible individuals.
- Hepatic failure

33. The route of administration of vaccine BCG is

(a) Oral

(b) Intra-muscular

(c) Intravenous

(d) Intra-dermal

33. The route of administration of vaccine BCG is

(a) Oral

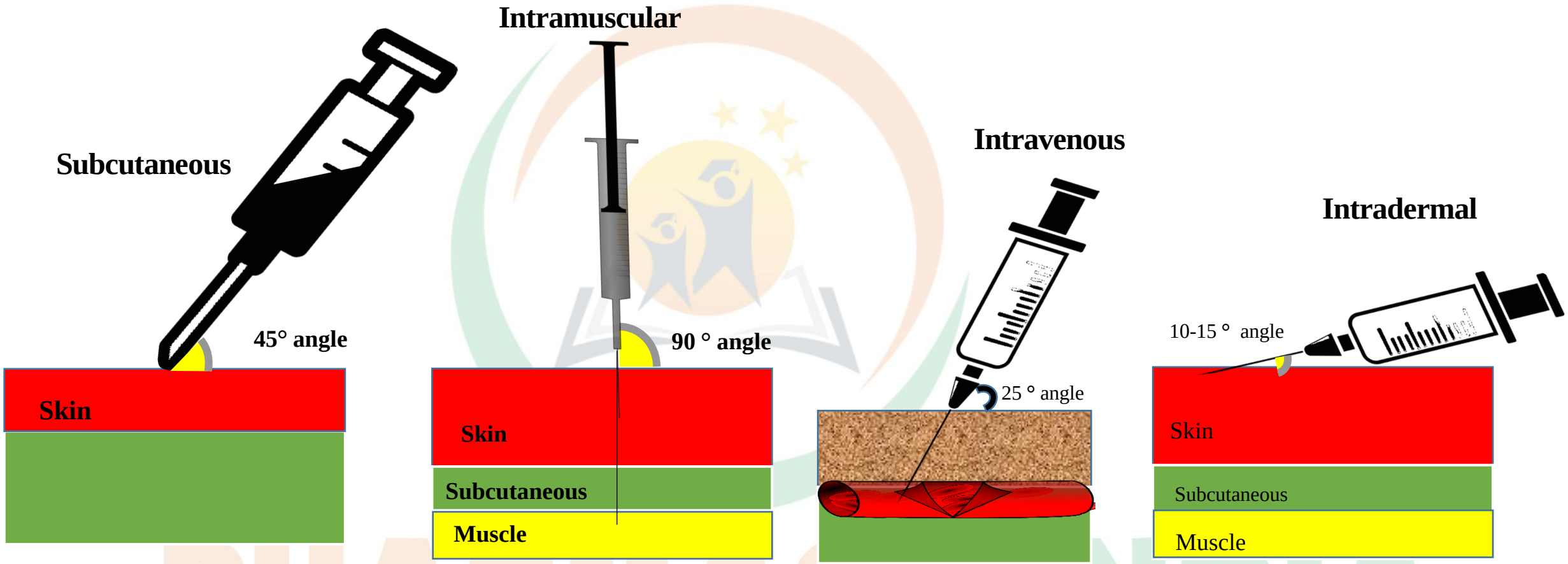
(b) Intra-muscular

(c) Intravenous

(d) Intra-dermal

The BCG vaccine is administered intradermally, which means it's injected into the top layer of the skin. The injection site is usually the deltoid region of the left upper arm.

Angles of different parenteral routes



34. 'Depot therapy' is possible with which route of administration

(a) Oral

(b) Topical

(c) Intravenous

(d) Intramuscular

34. 'Depot therapy' is possible with which route of administration

(a) Oral

(b) Topical

(c) Intravenous

(d) Intramuscular

Depot therapy

Depot injections provide longer duration drug action through slow absorption into the bloodstream. They are usually administered in the muscle, into the skin, or under the skin. The injected medication slowly releases the medication into the bloodstream.

35. Aspirin causes

(a) Decreased bleeding time

(b) Increased factor X

(c) Inhibition of platelet homeostasis

(d) Increased prothrombin synthesis

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(a) Decreased bleeding time

(b) Increased factor X

(c) Inhibition of platelet homeostasis

(d) Increased prothrombin synthesis

ASPIRIN

- **A** → Asthma
- **S** → Salicylism
- **P** → Peptic ulcer
- **I** → Ion uncoupling / platelet disaggeration
- **R** → Reye's syndrome
- **I** → Idiosyncracy
- **N** → Noise (tinnitus)

36. Which of the following is the side effect of Paracetamol

(a) Bronchospasm
(b) Candidiasis
(c) Diarrhea
(d) Liver necrosis

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(a) Bronchospasm

(b) Candidiasis

(c) Diarrhea

(d) Liver necrosis

PARA AMINOPHENOL DERIVATIVES

Paracetamol

- Paracetamol is one of the safest NSAIDs.
- It does not posses anti-inflammatory activity.
- Paracetamol is effective by oral or parenteral routes.
- Metabolized in liver by sulphate and glucuronic conjugation.
- Hepatotoxic

37. Which are chemical substances produced by microorganisms

(a) Antibiotics

(b) Local Anaesthetics

(c) Antihypertensive drugs

(d) Antihistaminic agents

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Different sources of drugs are:

Plants
Morphine, atropine Digoxin, quinine, reserpine etc.

Animals
Insulin, heparin

Minerals
Ferrous sulphate, magnesium sulphate

Microorganism
Penicillin ,streptomycin

Semisyntheic
Hydromorphine, hydrocodon

Synthetic
Aspirin, Paracetamol

38. Aspirin is contraindicated in children because of increased risk of

(a) Gastric bleeding
(b) Reye's syndrome
(c) Fanconi syndrome
(d) Ototoxicity

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ASPIRIN

- **A** → Asthma
- **S** → Salicylism
- **P** → Peptic ulcer
- **I** → Ion uncoupling / platelet disaggeration
- **R** → Reye's syndrome
- **I** → Idiosyncracy
- **N** → Noise (tinnitus)

Reye's syndrome is a **serious condition that causes swelling in the liver and brain**.

39. The drug which do not have an active metabolite is

(a) Morphine

(b) Neostigmine

(c) Diazepam

(d) Digitoxin

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Active Drug	Active Metabolite
Amitriptyline	Nortriptyline
Codeine	Morphine
Diazepam	Oxazepam
Digitoxin	Digoxin
Imipramine	Desipramine
Phenacetin	Paracetamol
Primidone	Phenobarbitone
Sipronolactone	Canrenone
Allopurinol	Alloxanthine
Morphine	Morphine-6-glucuronide

Inactive Drug (Prodrug)	Active Metabolite
Proguanil	Cycloguanil
Levodopa	Dopamine
Enalapril	Enalaprilat
Dipivefrine	Epinephrine
Sulindac	Sulfide metabolite
Prednisone	Prednisolone
Bacampicillin	Ampicillin
Salfasalazine	5-Amino salicylic acid
Acyclovir	Acyclovir triphosphate
Cyclophosphamide	Aldophosphamide, Acrolein

40. Most common adverse effect of non-steroidal anti-inflammatory agent

(a) CNS toxicity
(b) Gastro intestinal toxicity
(c) Cardiac toxicity
(d) Skin rashes

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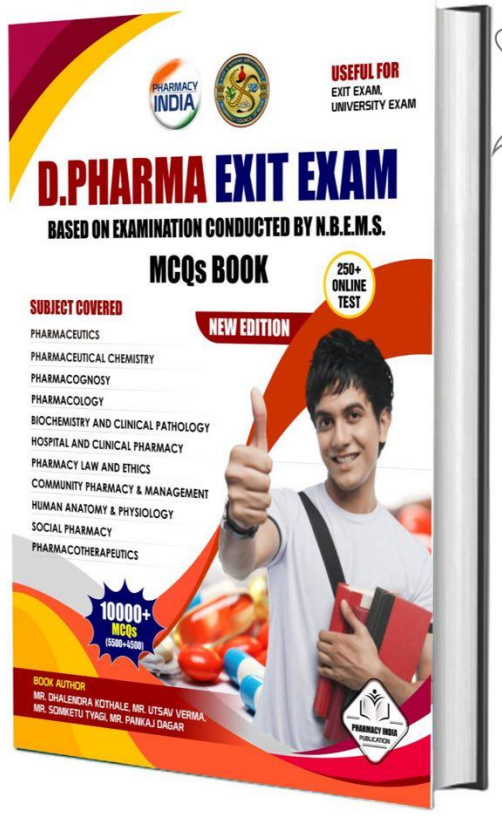

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