

**PAPER CODE: 01201A**  
**Second M.B.B.S. Examination Winter - 2020**  
**PHARMACOLOGY & THERAPEUTICS -I**

---

**Total Duration: Section A+B+C = 2 Hours ■Section B & C Marks: 32      Instructions:**

**PAPER CODE: 01201A**

**Second M.B.B.S. Examination Winter - 2020**

**PHARMACOLOGY & THERAPEUTICS -I**

**Total Duration: Section A+B+C = 2 Hours Section B & C Marks: 32**

**Instructions:**

- 1) Use blue/black ball point pen only.**
- 2) Do not write anything on the blank portion of the question paper.**  
**Any written content in that area will be considered as an attempt to resort to unfair means.**
- 3) All questions are compulsory.**
- 4) The number to the right indicates full marks.**
- 5) Draw diagrams wherever necessary.**
- 6) Distribution of syllabus in Question Paper is only meant to cover the entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus in any question paper. Students cannot claim that the question is out of syllabus. As it is only for the placement sake, the distribution has been done.**
- 7) Use a common answer book for section B & C.**

**SECTION "B" SAQ (20 MARKS)**

2) Short answer question (any five out of six): [5 x 4 = 20]

- a) Write therapeutic uses of adrenaline.
- b) Write the clinical significance of plasma protein binding.
- c) Classify antianginal drugs; write rationale of beta-adrenergic blockers plus nitrate use in angina pectoris.
- d) Compare and contrast between verapamil and amlodipine.
- e) Enumerate organophosphate compounds; write treatment of OP poisoning with rationale.
- f) Write mechanism of action and therapeutic uses of domperidone.

**SECTION "C" LAQ (12 Marks)**

3) Long answer question (any two out of three): [2 x 6 = 12]

- a) Define bioavailability. Write factors affecting bioavailability.
- b) Classify drugs used in peptic ulcer. Describe mechanism of action, therapeutic uses and adverse effects of H<sub>2</sub> blockers.
- c) Classify anticoagulants, compare and contrast between conventional and low molecular heparin.

\*\*\*