

**PARASYMPATHOMIMETIC DRUGS**

OR

**CHOLINERGIC DRUGS**

OR

**CHOLINOMIMETIC DRUGS**

OR

**CHOLINOCEPTOR ACTIVATING DRUGS**

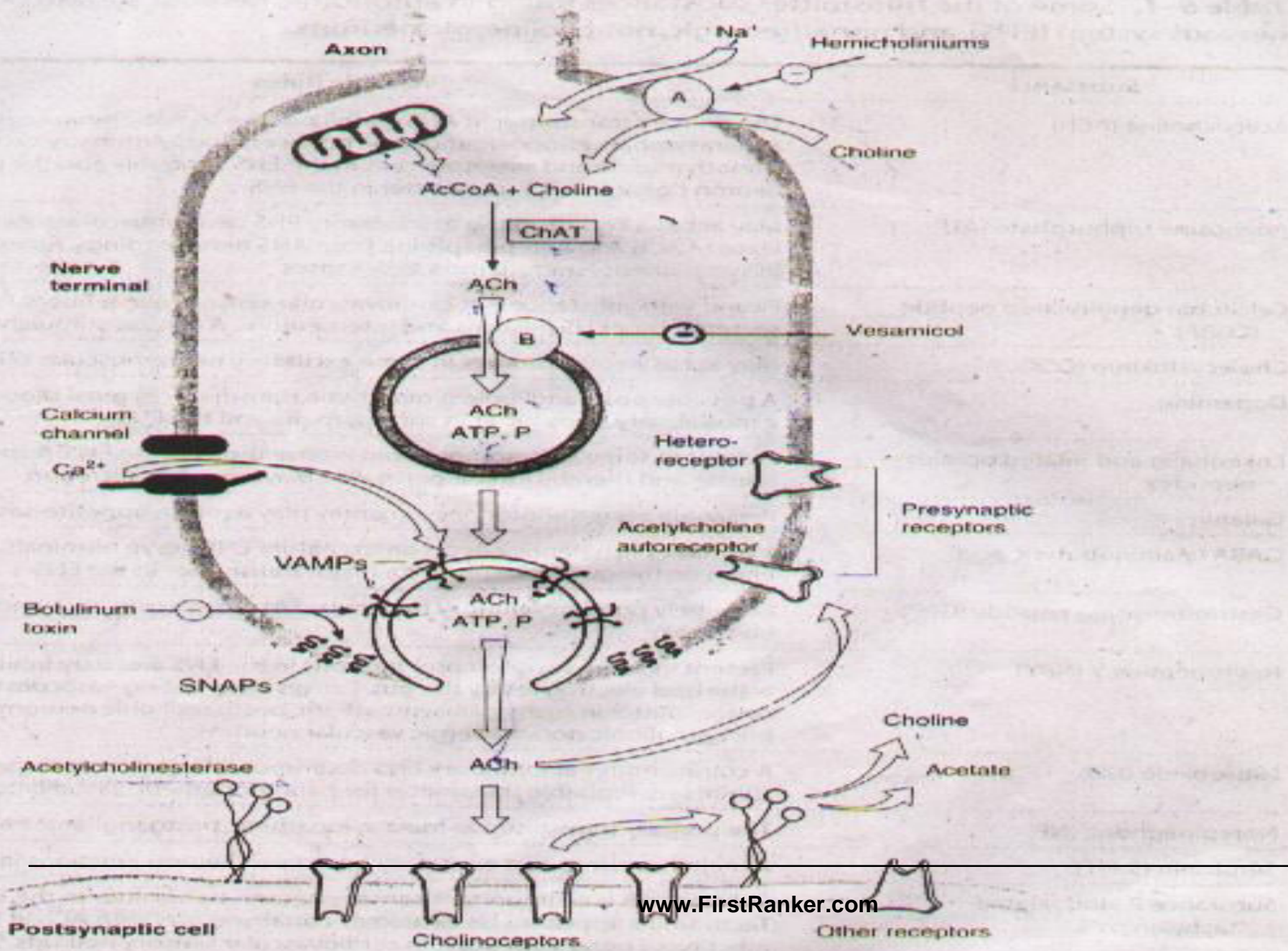
# DEFINITION

**These are the group of drugs which produce effects resembling those produced by the stimulation of parasympathetic autonomic nervous system on the target organs**

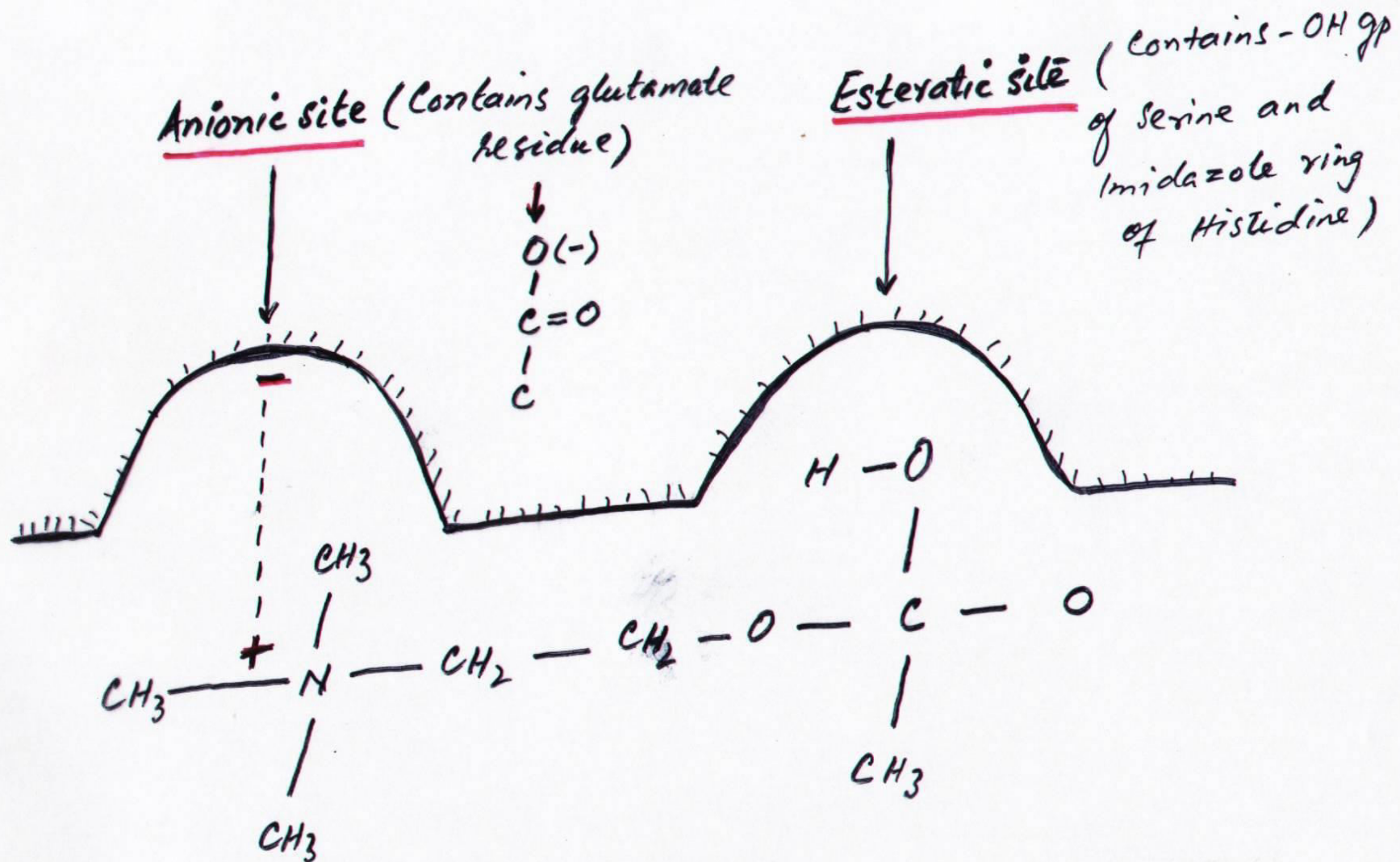
- Neurotransmitter
- Two types of activities
  - Muscarinic
  - Nicotinic

# **SYNTHESIS, STORAGE, RELEASE & INACTIVATION**

## INTRODUCTION TO AUTONOMIC PHARMACOLOGY / 79







INTERACTION OF ACETYLCHOLINE AND THE ENZYME CHOLINESTERASE  
RESPONSIBLE FOR ITS HYDROLYSIS AND INACTIVATION.

# MECHANISM OF ACTION

G –protein linked (Muscarinic)  
Ion channel (Nicotinic)

## PHOSPHO – INOSITOL SYSTEM

**BINDING OF DRUG WITH RECEPTOR**  
**(ALPHA-1 ADRENERGIC, MUSCARINIC- CHOLINERGIC)**

**ACTIVATION OF PHOSPHOLIPASE-C**

**PHOSPHATIDYL INOSITOL 4-5 BIPHOSPHATE**

**DIACYL GLYCEROL**  
**(CONFINED TO MEMBRANE)**

**INOSITOL 1.4.5 TRIPHOSPHATE**  
**(DIFFUSES INTO CYTOSOL)**

**ACTIVATION OF PROTEIN KINASE C**  
**INTRACELLULAR**

**RELEASE OF  $\text{Ca}^{++}$  FROM**  
**SOURCES**

**ENTRY OF  $\text{Ca}^{++}$  THROUGH THE  $\text{Ca}^{++}$**   
**CHANNEL**

**FORMATION OF  $\text{Ca}^{++}$  CALMODULIN**  
**COMPLEX**

**ALTERATION IN THE ACTIVITY OF  $\text{Ca}^{++}$**   
**DEPENDENT ENZYMES**

**EFFECT**



# CHOLINERGIC RECEPTORS

## Muscarinic

M1 = Nerves, Stomach, Brain

Antagonist: Pirenzepine

M2 = Heart, Nerves, Smooth Muscle.

Antagonist: Gallamine

M3 = Glands, Endothelium, Smooth Muscle.

**M<sub>4</sub> and M<sub>5</sub> newly discovered, role not yet known**

# Nicotinic

## Neuromuscular Junction

Agonist: Phenyl Trimethyl Ammonium

Antagonist: Tubocurarine

## Autonomic Ganglia, Adrenal Medulla

Agonist: Dimethyl phenyl piperazinium

Antagonist: Hexamethonium

# CLASSIFICATION

A. Directly Acting

B. Indirectly Acting

## **A. Directly Acting Cholinergic Drugs :**

### **I. Choline Esters**

Acetylcholine

Carbachol

Methacholine

Bethanechol

## **II. Cholinomimetic Alkaloids**

### **a. Mainly Muscarinic Agonists**

#### **Natural Alkaloids:**

Muscarine

Pilocarpine

Arecholine

#### **Synthetic Alkaloid:**

Oxotramorine

### **b. Mainly Nicotinic Agonists**

#### **Natural Alkaloids:**

Nicotine

Lobeline

#### **Synthetic Alkaloids:**

Dimethyphenylpiperazinium(DMPP)

## **B. Indirectly Acting Cholinergic Drugs** **(Anticholinesterases)**

### **I- Reversible**

- a. Carbamates
- b. Alcohols

### **II- Irreversible**



# **I- Reversible**

## **a. Carbamates**

### **Tertiary amines**

Physostigmine

### **Quaternary Ammonium compounds**

Neostigmine

Pyridostigmine

Distigmine

Ambenonium

Demecarium

## **b. Alcohols**

Edrophonium

## **c. Miscellaneous**

Tacrine

Donepezil

Galantamine

Rivastigmine

## II. Irreversible Anticholinesterases (Organophosphorus Compounds)

1) Therapeutically useful:

Ecothiophate

2) War Gases:

Sarin

Tuban,

Soman

3) Insecticides:-

Parathion

Malathion

Diisopropyl Fluorophosphate (DFP)

Tetramethyl Pyrophosphate (TMPP)

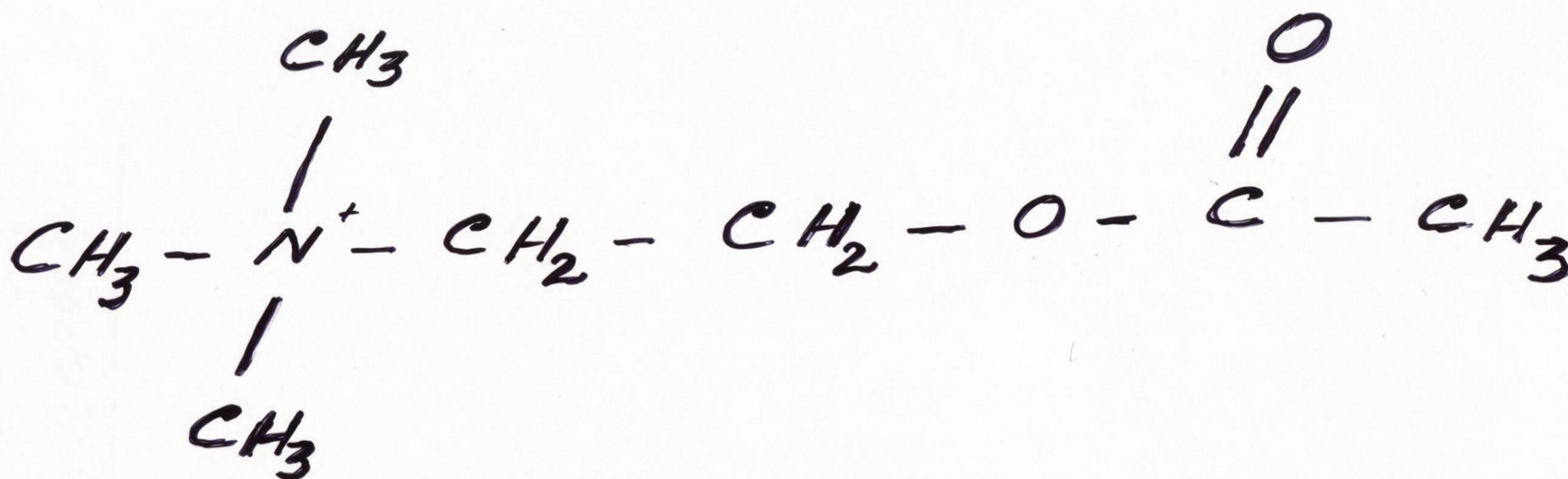
Octamethyl Pyrophosphotetraamide (OMPA)

# ACETYLCHOLINE

NOT USED AS A DRUG

# CHEMISTRY

CHEMISTRY



ACETYLCHOLINE.

# PHARMACOKINETICS

- Acetylcholine & other Choline esters have a permanently charged **quaternary ammonium group** in their structure
- All are **hydrolysed in the GIT**
- The tertiary natural cholinomimetic alkaloids (pilocarpine, nicotine, lobeline) are well absorbed from most sites of adm. Muscarine, a quaternary amine is less completely absorbed from the GIT and is toxic too.
- **Excretion** mainly by the kidneys

# **Pharmacological Actions/ Organ system effects:**

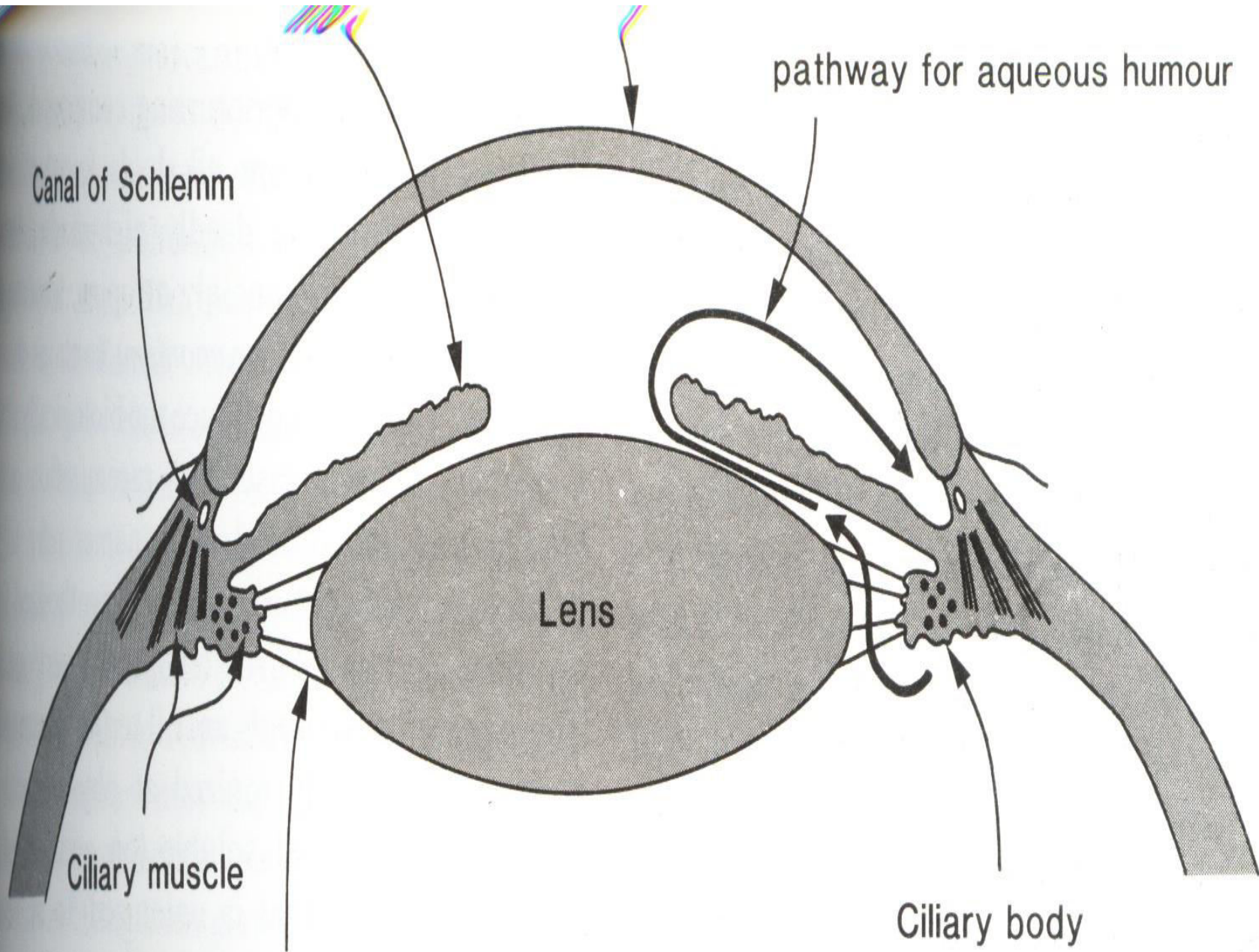
## **Muscarinic Actions**

## **Nicotinic Actions**



# EYE:

- Miosis (constriction of pupil).
- Spasm of accommodation
- Decrease in intraocular pressure.
- Conjunctival hyperaemia
- Lacrimation



Suspensory ligaments

**CVS (Heart & B.V)**

**Respiratory system**

**Gastro intestinal tract**

**Urinary bladder**

**Exocrine glands**

**Central Nervous System**

**Peripheral nervous system**

**N.M .Junction**

# CARBACHOL

- Ester of carbamic acid
- Has both muscarinic and nicotinic actions
- Muscarinic actions are prominent on eye, GIT & urinary bladder
- DOA more than 30 min
- Therapeutic uses:

Glaucoma

# METHACHOLINE

- Has methyl group in its structure
- Has both muscarinic and nicotinic actions (very mild nicotinic actions )
- Muscarinic actions are prominent on CVS
- Longer DOA as compared to ACh
- Therapeutic uses: given SC for the relief of paroxysmal atrial tachycardia



# BETHANECHOL

- Structure related to Ach, acetate is replaced by carbamate & choline is methylated
- Has no nicotinic actions
- Muscarinic actions are prominent on eye, GIT & urinary bladder
- Prolonged DOA
- Therapeutic uses:
  - Post operative Gastric distension
  - Paralytic ileus
  - Bladder atonia



# MUSCARINE

- Quaternary amine (*Amanita muscaria*)
- Less complete absorption from the GIT
- Very toxic & can even enter the brain
- Rx : Atropine

# PILOCARPINE

- Tertiary amine (Pilocarpus jaborandi leaves)
- Has muscarinic actions
- Therapeutic uses:
  - Glaucoma
  - To reduce the effect of mydriatics
  - To break adhesions

**Not used for systemic diseases —————> increased tracheobronchial secretions leading to pulmonary oedema**

# NICOTINE & LOBELINE

- Plant derivatives
- Actions are mainly on nicotinic receptors (CNS, PNS, NMJ)
- CNS, have important effects on brainstem and cortex.
- PNS – autonomic ganglia.
- NMJ, immediate depolarization of the end plate – increase in permeability to Na and K ions.