

51211

## Second B.P.Th. (2012) Examination, Summer 2017 **PHARMACOLOGY**

Total Marks: 40 Total Duration: 2 Hours

- Instructions: 1) Use blue/black ball point pen only.
  - 2) Do not write anything on the blank portion of the question paper. If written anything, such type of act 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 entire syllabus within the stipulated frame. The Question paper pattern is a mere guideline. Questions can be asked from any paper's syllabus into 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 answerbook for all Sections.
- 1. Short answer question (any five out of six):

(5x3=15)

- a) Write on the rapeutic uses of Atropine.
- b) What is the rationale of combining levodopa-carbidopa in treatment of parkinsonism?
- c) Write mechanism of action and 2 therapeutic indications of Ampicillin.
- d) Name 2 pro-kinetic agents. Write their mechanism of action.
- e) What is biological half life? Write its clinical significance.
- f) Write short course chemotherapy for a patient suffering from pulmonary tuberculosis.
- 2. Short answer question (any five out of six):

(5x5=25)

- a) Classify drugs used in treatment of hypertension. Write mechanism of action and adverse effects of ACE-Is.
- b) Enumerate insulin preparations. Explain the therapeutic uses and adverse effects of them.
- c) Explain the pharmacological actions and therapeutic uses of paracetamol. Add on treatment of paracetamol poisoning.
- d) Classify various routes of drug administration. Mention merits and demerits of parenteral route of drug administration.
- e) Define Adverse Drug Reactions (ADRs). Discuss various types of ADRs with appropriate example.
- **f)** Classify antiasthmatics. Write treatment of status asthmatics in brief.