RASHIDA IQBAL FINANCIAL AID ORGANIZATION

GUIDELINES FOR THE SUBJECT OF PHARMACOLOGY

GENERAL GUIDELINES:

- Katzung(small) is the standard book for preparation. Each and every word of this book is high yield as anything may be asked in the exams.
- Clinical effects/ uses, MOA and toxicity of all the drugs should be thoroughly read and reread.
- Kaplan Pharmacology lectures are really good for understanding certain challenging concepts of chapters like ANS CVS DIURETICS etc.
- Take a look at the flow chart at every chapter's beginning.
- Learn the DRUG OF CHOICE for all conditions (important for mcqs).
- Virtually anything can be asked in the exam. Given below are the topics that are unique (may not be present in mini KETZUNG) OR are repeatedly seen in exams.

Links FOR IMPORTANT POINTS AND MNEMONICS OF PHARMACOLOGY :

https://drive.google.com/file/d/1RgfKbvEWbWnYuDIT9gKXB-5UXKPv7cKT/view?usp=sharing

https://drive.google.com/file/d/1ijDToH8G743qF4s2q4PWMXVPk7X4sSxK/view?usp=sharing

https://drive.google.com/file/d/14COChVS3e3kvpQUrhU_eh13CqWovVsaT/view?usp=sharing

GENERAL PHARMACOLOGY GUIDELINES

GENERAL PHARMA IS REALLY IMPORTANT FOR VIVAS AS WELL AS WRITTEN EXAMS.

PREPARE DEFINITIONS REALLY WELL AS WELL AS FORMULAS

BOOKS TO FOLLOW: MULTI AUTHOR + MINI KATZUNG (CHAPTER 1,2,3 AND 4 esp. mcqs at the end of each chapter) NO NEED TO PREPARE CHAPTER 5 + KAPLAN LECTURE VIDEOS (FOR CONCEPTS)

IMPORTANT TOPICS:

DEFINITION OF PHARMACOLOGY (FOR VIVA)

WHO DEFINITION OF DRUG (FOR VIVA)

DEFINITIONS: DIFFUSION, ACTIVE TRANSORT, OSMOSIS, PHARMACOKINETICS, PHARMACODYNAMICS, VOL. OF DISTRIBUTION, CLEARANCE, HALF LIFE, BIOAVAILABILITY, TACHYPHYLAXIS, TOLERANCE, ANTAGONIST, AGONIST, RECEPTOR, CUMMULATION, POTENTIATION, SYNERGISM, SUMMATION, EFFICACY, POTENCY, AFFINITY,

SOURCES AND ACTIVE PRINCIPLES OF DRUGS (CAN BE ASKED BY MAM SEEMI IN VIVA)

ROUTES OF DRUG ADMINISTRATION (WITH EXAMPLES ESP. TRANSDERMAL ROUTE)

ION TRAPPING (REALLY IMPORTANT)

- The unionized form of acidic drugs that cross the surface membrane of gastric mucosal cell reverts to ionized form within the cell (pH 7) and thus slowly passes on to the ECF.
- Thus it becomes trapped in the cell.
- "A weak electrolyte crossing a membrane to encounter a pH from which it cannot escape easily"
- Other sites: breast milk, aqueous humor, prostatic and vaginal secretions.

ORPHAN DRUG

FACTORS AFFECTING ABSORPTION

BIOAVAILABILITY (with factors and significance)

PLASMA PROTEIN BINDING OF A DRUG

VOLUME OF DISTRIBUTION

FIRST PASS EFFECT, SITES AND DRUGS THAT EXHIBIT EXTENSIVE FIRST PASS EFFECT

PHASE I AND II REACTIONS WITH AT LEAST 1 EXAMPLE OF EACH

FIRST AND ZERO ORDER KINETICS WITH EXAMPLES

DIFFERENCE BETWEEN ELIMINATION AND EXCRETION

DRUG CLEARANCE

TYPES OF AGONISTS

TYPES OF ANTAGONISTS (V.IMP)

THERAPEUTIC INDEX

THERAPEUTIC WINDOW WITH SIGNIFICANCE

RECEPTOR AND ITS TYPES

SPARE RECEPTOR

DIFFERENCE BETWEEN GRADED AND QUANTAL DOSE RESPONSE CURVE

DIFFERENCE BETWEEN TOLERANCE AND TACHYPHYLAXIS

YOUNG'S, DILLING'S AND CLARK'S FORMULA (FOR OSPE ESP.)

IDIOSYNCRACY

TABLE 2-1

MAINTENANCE DOSAGE

LOADING DOSAGE

ENZYME INDUCTION AND INHIBITION

UP AND DOWN REGULATION OF RECEPTORS

DESENSITIZATION:

- Receptors become desensitized when they no longer respond to the continue exposure to an agonist
- Occurs in minutes to hours or few days
- (Not wecks or months like in tolerance)
- Not due to depletion of neurotransmitter (like in tachyphylaxis)
- Recovery is also very rapid (within minutes or hours or a few days with same dose of agonist)

Causes:

- Due to slow conformational change in the receptor, resulting in tight binding of the agonist molecule without the effect e.g. without opening of ionic channel.
- Phosphorylation of intracellular regions of the receptor protein is also a mechanism by which receptors become desensitized.
  Phosphorylation of receptor interferes with its ability to activate second messenger cascade, although it can still bind the agonist molecule.
  Example is of beta adrenoreceptor agonists.

TYPES OF G-PROTEINS AND THEIR RECEPTORS EFFECTORS PATHWAY

G PROTEIN	RECEPTORS	EFFECTOR PATHWAY
Gs	B1,B2,B3,D1	INC. cAMP
Gi	A2,M2	DEC. cAMP
Gq	M1,M3,A1	INC. calcium ion levels

ANS:

- Very important section. Master the mechanisms of action and side effect profiles of all the drugs. Kaplan videos are a good learning resource
- Madam Seemi lecture notes are invaluable and may contain certain concepts not mentioned in the book, she likes to ask questions from her own lectures.

Chapter 6:

- Tables 6.1 6.2 6.3

Chapter 7:

- Complete chapter important
- DUMBELLS toxicity of indirect agonists
- Tables

- Aging of organophosphates
- Differentiating between myasthenia crisis and cholinergic crisis (by Edrophonium)

Chapter 8:

- Complete chapter Important
- Table 8.1 8.2
- Atropine toxicity

Chapter 9:

- Complete chapter important
- Table 9.1
- Epinephrine dose and route of administration

Chapter 10:

- Complete chapter important
- Epinephrine reversal
- Tamsulosin use in BPH
- Beta blockers classification and effects
- Beta blockers CI in diabetes (mask effects of hypoglycemia)

Important points and mnemonics of ANS :
https://drive.google.com/file/d/1o18ieCgbJGsqQkrs-f4Fk-DWZ7oMhDaO/view?usp=sharing

CNS:

- Important section
- CNS mcqs may be tough. PRE-TEST PHARMA is a good practice book for those wanting to hone their mcq solving skills.
- Do go through lecture notes of the chapters covered by Ma'am Seemi
- Many questions asked in viva at times

Chapter 21:

- Not important
- Should know the names of inhibitory and excitatory neurotransmittors

Chapter 22:

- Important chapter
- Classification and metabolism of sedative hypnotics with examples
- Rationale of clinical use of benzodiazepines
- Difference between MOA of benzodiazepines and barbiturates
- Flumazenil for benzos toxicity
- Atypical sedative hypnotics
- Drugs used in GAD (benzo , buspiron , Romeltelon)

Chapter 23:

- Important

- Stages of alcohol intoxication
- Wernicke Korskoff
- Management of acute and chronic alcohol intoxication

Chapter 24:

- Very important chapter
- Lecture notes have many important points that are asked in exam but are not mentioned in book .
- Treatment of status epilepticus
- Classification of anti epileptic drugs
- MOA, ,uses , adverse effects of PHENYTOIN , CARBAMAZEPINE, VALPROIC ACID
- All therapeutic uses of carbamazepine
- Drug interactions important
- Table 24-1
- Summary table at the end of chapter

Chapter 25:

- Complete
- Diffusional hypoxia
- 2nd gas effect ; for viva
- Balanced anesthesia
- MAC , blood-gas coefficient
- IV anesthetics important
- Dissociative (ketamine)
- Neurolept anesthesia, Etomidate
- Effect of solubility of anaesthetic agent on onset and duration of action (with example of halothane and NO)

Chapter 26:

- Classification and MOA
- Table 26.1

Chapter 27:

- Difference between depolarizing and non depolarizing
- Malignant hyperthermia and management
- Classification of muscle relaxants
- Fig 27-2
- Botulinum toxin

Chapter 28:

- Important chapter
- Pathophysiology of parkinson’s disease
- Pharmacokinetics and Side effects of anti Parkinson’s drugs
- Adverse effects of levodopa
- Inhibitors of levodopa mechanism

Chapter 29:

- Complete
- Lecture notes to be done too
- Table 29.1
- Typical vs atypical antipsychotics , mechanism of action in detail
- Features of clozapine in treatment of schizophrenia
- Why regular monitoring of blood count required in clozapine therapy
- Which is the only anti psychotic drug which decreases suicidal tendency ** viva question (Clozapine)
- Side effects of clozapine and chlorpromazine
- Lithium

Chapter 30:

- Complete
- Classification and drug interactions
- Difference in SSRIs and tricyclic antidepressants
- Adverse effects and advantages of fluoxetine
- Why SSRIs preferred over other antidepressants
- Name of SNRIs
- Serotonin syndrome
- Table 30.1

Chapters 31 and 32:

- Just give a read
- Morphine (Uses and adverse effects)
- Meperidine (Difference from other opiods)
- Contradictions of use of opiods
- Tolerance , dependence , abstinence syndromes
- Names of antitussives (imp)
- Opiod antagonists
- Central and peripheral effects

Mnemonics and important points of CNS :

https://drive.google.com/file/d/1fSIqNm34r6CCkQlwvLskXpu7VFTBvbdg/view?usp=sharing

CVS:

- All summary tables of CVS and diuretics are v.v.imp , can't leave any chapter
- Lecture notes + mini katzung + Kaplan video lectures on pharmacology
- Mechanisms of action need to be understood , once you understand how the drugs of CVS act generally , then you'll just have to memorize the conditions in which they are employed , because the drugs are almost same in all chapters.

Chapter 11: Full chapter is important

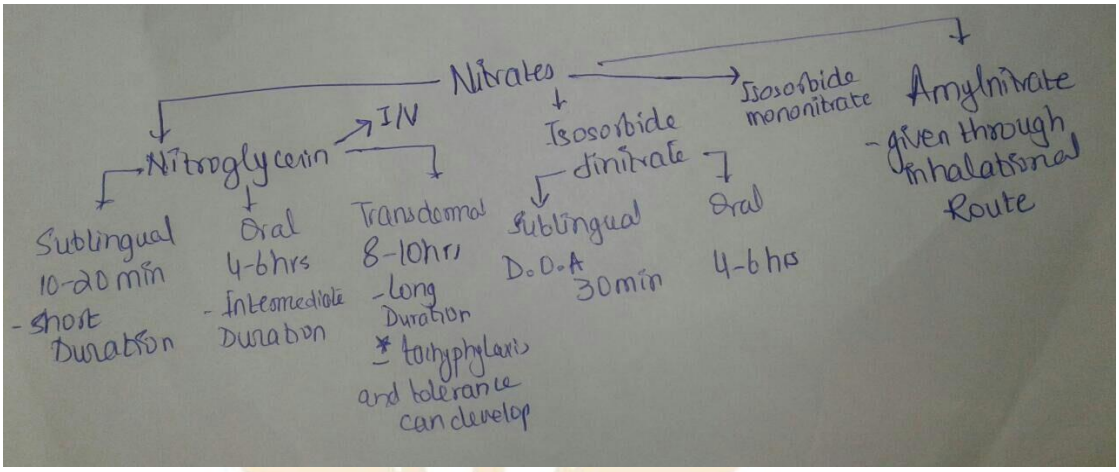
- classification of anti HTN drugs (Mnemonic **V**ery **SAD Renin** ; **V**asodilators , **S**ympathoplegics **, A**ngiotensin antagonists **, D**iuretics , **Renin** Inhibitors)
- Table 11.1
- Treatment of hypertensive emergency
- Table 11-2
- First Dose phenomena : In essential hypertension , always alpha1 blockers are prescribed that cause first dose phenomena and marked fall in BP can cause syncope , to prevent that pt is advised to (i) to keep himself hydrated , (ii) either lie down , (iii) either take drug at bed time
- HTN Drugs to be prescribed in certain co-morbidities

HTN + Angina	B- blockers , CCB
HTN + Diabetes	ACE inhib , ARB's
HTN + heart failure (Chronic)	ACE inhib , ARB's , B- blockers
HTN + BPH	Alpha blockers
HTN + Post MI	B-blockers
HTN + hyperlipidemia	Alpha blockers , CCB , ACEI, ARB's

Chapter 12 :

- Classification of drugs used in angina
- 3 types of angina and their treatment :
  1) Stable angina :
     Acute attack : nitrates + rest (repeat in recurrence) , nifedipine can also be given in acute attack
     Prophylaxis :Calcium channel blocker
     Beta blocker
  2) Vasospastic angina : nitrates , for prophylaxis : Calcium channel blockers
  3) Unstable angina : I/V nitrates (nitroglycerin) given , definite treatment : Angioplasty

- Classification of nitrates :



- Monday disease
- Fig 12-3 for easy understanding of different MOA
- Fig 12-4
- Table 12-1 **imp

Chapter 13 :

Drugs / treatments used in acute heart failure and chronic heart failure

Acute Heart failure	Chronic Heart Failure
Diuretics (Furosemide) decreases preload , conivaptan in acute failure + hyponatremia , tolvaptan in euvolemic hyponatremia	Loop diuretics
Vasodilators (nitroprusside , nitroglycerin , nesiritide)	ARB's/ACEI (First line therapy for chronic heart failure)
B agonist (Dopamine , dobutamine) in acute heart failure + hypotension	B- blockers (only used in chronic , not in acute , to block compensatory responses)
Bipyridines	Digoxin
Natriuretic peptide	Vasodilators
Left Ventricular assist device (end treatment)	Resynchronization therapy

- Table 13-1 , 13-2
- Mechanical and electrical effects of cardiac glycosides
- Digitalis toxicity symptoms and treatment

TABLE 13–4 Differences between systolic and diastolic heart failure.

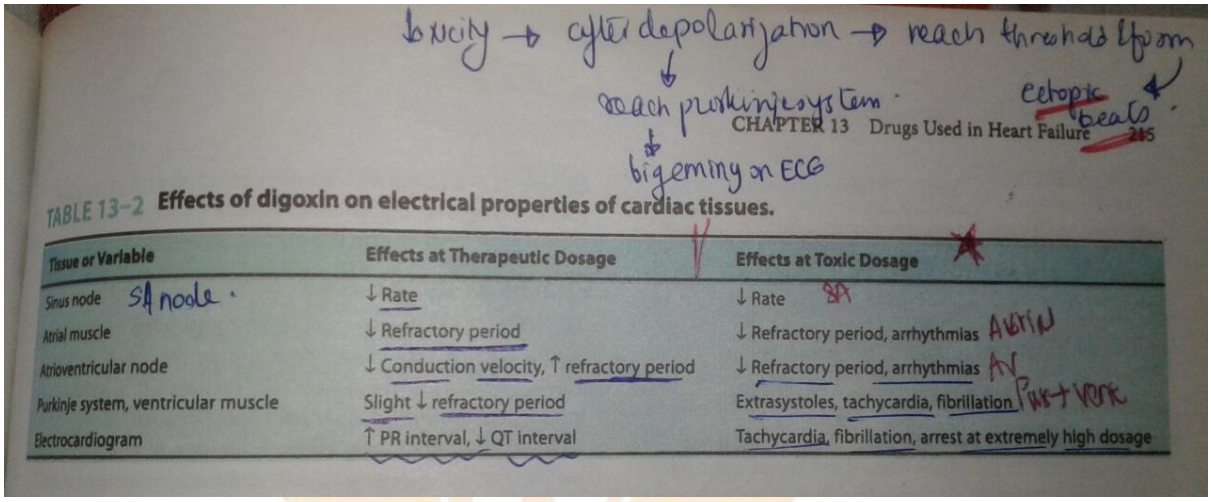
Variable or Therapy	Systolic Heart Failure	Diastolic Heart Failure
Cardiac output	Decreased	Decreased
Ejection fraction	Decreased	Normal
Diuretics	↓ Symptoms; first-line therapy if edema present	Use with caution[1]
ACEIs	↓ Mortality in chronic HF	May help to ↓ LVH
ARBs	↓ Mortality in chronic HF	May be beneficial
Aldosterone inhibitors	↓ Mortality in chronic HF	May be useful; currently in large RCT
Beta blockers[2]	↓ Mortality in chronic HF	Useful to ↓ HR, ↓ BP
Calcium channel blockers	No or small benefit[3]	Useful to ↓ HR, ↓ BP
Digoxin	May reduce symptoms	Little or no role
Nitrates	May be useful in acute HF[4]	Use with caution[1]
PDE inhibitors	May be useful in acute HF	Very small study in chronic HF was positive
Positive inotropes	↓ Symptoms, hospitalizations	Not recommended

[1]Avoid excessive reduction of filling pressures.
[2]Limited to certain β blockers (see text).
[3]Benefit, if any, may be due to BP reduction.
[4]Useful combined with hydralazine in selected patients, especially African Americans.
ACEI, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; BP, blood pressure; HF, heart failure; HR, heart rate; LVH, left ventricular hypertrophy; PDE, phosphodiesterase; RCT, randomized controlled trial.

TABLE 13–3 Classification and treatment of chronic heart failure.

ACC/AHA Stage[1]	NYHA Class[2]	Description	Management
A	Prefailure	No symptoms but risk factors present[3]	Treat obesity, hypertension, diabetes, hyperlipidemia, etc
B	I	Symptoms with severe exercise	ACEI/ARB, β blocker, diuretic
C	II/III	Symptoms with marked (class II) or mild (class III) exercise	Add aldosterone antagonist, digoxin; CRT, hydralazine/nitrate[4]
D	IV	Severe symptoms at rest	Transplant, LVAD

[1]American College of Cardiology/American Heart Association classification.
[2]New York Heart Association classification.
[3]Risk factors include hypertension, myocardial infarct, diabetes.
[4]For selected populations, eg, African Americans.
ACEI, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; CRT, cardiac resynchronization therapy; LVAD, left ventricular assist device.



toxicity → cyclic depolarization → reach threshold to form ectopic beats
↓
reach purkinje system
↓
bigeminy on ECG

TABLE 13–2 Effects of digoxin on electrical properties of cardiac tissues.

Tissue or Variable	Effects at Therapeutic Dosage	Effects at Toxic Dosage
Sinus node (SA node)	↓ Rate	↓ Rate (SA)
Atrial muscle	↓ Refractory period	↓ Refractory period, arrhythmias (ATRIAL)
Atrioventricular node	↓ Conduction velocity, ↑ refractory period	↓ Refractory period, arrhythmias (AV)
Purkinje system, ventricular muscle	Slight ↓ refractory period	Extrasystoles, tachycardia, fibrillation (PVC + VCF)
Electrocardiogram	↑ PR interval, ↓ QT interval	Tachycardia, fibrillation, arrest at extremely high dosage

Chapter 14 :

** whole chapter , ALL antiarrhythmics are very important , see Kaplan video lectures to understand the MOA od drugs in specific arrythmias

- Classify drugs used in cardiac arrythmias , and their detail
- Table 14-1
- Adenosine is important
- Remember important toxicities of drugs and their use in specific arrythmias
- Go through the summary table at the end of chapter after a thorough reading and understanding

Mnemonics and important points of CVS :

https://drive.google.com/file/d/1A-gZVbd3j303STk5kluPrsI-SoLCubNH/view?usp=sharing

https://drive.google.com/file/d/1Y7S-RJN5o_xkTD6ZtRw20oZQaLrnJrWl/view?usp=sharing

DIURETICS:

- VERY HIGH YIELD
- Classifications
- Uses and effects of acetazolamide (self limiting effects)
- Table 15.1
- Loop vs thiazide diuretics(effect on calcium reabsorption)
- Ototoxicity of loop diuretics
- Spironolactone toxicity

NSAIDS, Acetaminophen, Rheumatoid Arthritis and Gout: (Mini Katzung + Kaplan lectures)

NSAIDs:

(Better do chapter 18_ prostaglandins and eicosanoids first to have a better understanding of this chapter)

- Classification
- Mechanism of action
- Figure 36-1
- Therapeutic dosage ranges of Aspirin and aspirin's effect at each dose really important
- Uses of other NSAIDs particularly indomethacin , ibuprofen + their comparison with Aspirin
- Toxic effects of Aspirin vvv important
- Reye syndrome
- Treatment of NSAIDs induced gastritis
- Pharmacokinetics + MOA of Aspirin
- Differences between NSAID and Acetaminophen
- Advantages and side effects of propionic acid derivatives and COX2 inhibitors

Acetaminophen:

- Mechanism of action
- Lacks anti-inflammatory or antiplatelet effects (difference from Aspirin)
- Mechanism of toxicity is most important
- Use of N acetyl cysteine in Acetaminophen overdose

Anti rheumatic drugs:

- Classification
- Table 36_2 (try to learn it if possible otherwise do at least 5 , important)
- Mechanism of action
- Route of administration

Anti gout drugs :

- Classification
- Drugs used in acute and chronic gout
- Mechanism of action (especially of colchicine , Allopurinol ,Probenecid)
- Toxicity + side effects
- Drug interaction between Allopurinol and 6- Mercaptopurine
- DMARDS biological +non- biological
- Uricosuric agents and xanthine oxidase inhibitors
- Allopurinol as an adjunct to cancer chemotherapy

DRUGS WITH IMPORTANT ACTIONS ON SMOOTH MUSCLES :

Chapter 16:

** Classification at the start of chapter

- Classification of antihistamines is important
- Difference between 1st generation and 2nd generation anti histamines (later has no CNS entry , non sedating) , some names of important anti histamines are not in the table of classification given in mini katzung , they are as follows

1st generation H1 blockers	2nd generation H1 blocker
Diphenhydramine	Cetirizine
Promethazine	Loratadine
Chlorpheniramine	fexofenadine
Meclizine	

- Types of histamine receptors with the second messenger system
- Use of anti histamines , toxicity and drug interactions
- Anti motion sickness (“ZINES”; meclizine , promethazine, cyclizine) , anti emetic used in cancer chemotherapy (Diphenhydramine) , Morning sickness (doxylamine + pyridoxine)
- Clinical uses of H2 blocker
- Table 16-2 very imp
- Serotonin antagonists full
- Uses of ergot alkaloids

Chapter 17 : Not important

Chapter 18 :

Classification at the start of chapter

- Fig 18-1
- Clinical uses of eicosanoids full
- Eicosanoids antagonists ; names and uses
- Summary table at the end of chapter

Chapter 19 : Not important

Drugs used in Asthma and COPD :

(Minni Katzung + Kaplan lectures + do anti COPD drugs from Major katzung)

- Classification of drugs used in asthma
- Strategies of asthma therapy (need to have a clear concept of this, what drugs are to be used in acute bronchospasm and long term preventative treatment and why)
- Names and uses of short acting and long acting beta agonists
- Mechanism of action of methylxanthines + their toxic effects
- Drugs used in chronic asthma (their route of administration and adverse effects
- Role of steroids in asthma + adverse effects of inhaled steroids + rationale of use of steroids(important)
- Mechanism of action of cromolyn and nedocromil
- Uses of leukotriene antagonists
- Mechanism of action of anti IgE antibodies

Do go through past papers at the end to have a scenario wise practice.

ENDOCRINOLOGY:

Chapter 37: Hypothalamus and Pituitary

- Read all and add information from the chapter in flow chart on page 307 .. and do that
- Innumerate oxytoxic and tocolytic drugs

Chapter 38:Thyroid and Antithyroid drugs

- Fig:38.1
- Classify antithyroid drugs
- MOA of Antithyroid drugs

- Thyroid storm

Chapter 39:corticosteroids

- Actions of corticosteroids
- Corticosteroids antagonists
- Adverse effects of glucocorticoids
- Names of Five glucocorticoids that belong to intermediate and long acting groups

Chapter 40: Gonadal harmones and inhibitors (IMP)

- Oral contraceptives Types, MOA, uses and toxicity
- Clomiphene
- Pure estrogen receptor antagonists
- Antiprogestins
- Toxicity of androgens
- MOA of cholesterol synthesis inhibitors
- Antiandrogens
- Contraindications of OCP

Chapter 41: Pancreatic Harmones

- Actions of insulin on liver + skeletal muscles + Adipose
- Types of insulin+ Uses+ Examples
- BIGUANIDES
- Read non-insulin antidiabetic drugs
- Treatment strategy in Type1 DM
- MOA of sulfonylurea

Chapter 42 : Drugs that affect bone mineral homeostasis

Read if possible (not high yield)

CHEMOTHERAPY (Do Full Kaplan+ Katzung MCQs):

Chapter43: DO FULL

Cephalosporin generations with examples for MCQS

Chapter 44: Fig: 44.1

Chapter 45: MOA + toxicity

Chapter 46: MOA + uses +toxicity

Chapter 47: MOA +toxicities

Chapter 48: names and MOA of antifungal drugs

Chapter 49:

Anti hepatitis drugs+ interferon alpha+ RIBAVIRIN +Anti HIV drugs (NRTIs MOA+ NNRTIs names+ MOA of protease inhibitors + effects of carbohydrate metabolism)

- Fig 49-1
- Table 49-2

Chapter 50: Metronidazole (MOA+ pharmacokinetics+ uses+ toxicity)

Chapter52:-

- MOA of chloroquine resistance
- clinical applications of chloroquine
- drugs used in treatment and prophylaxes of malaria
- Treatment of chloroquine resistant malaria
- Uses and adverse effects of quinine
- Drugs for leishmaniasis
- Drugs for prevention of malaria in travellers
- Classification of antiameabic drugs

Chapter 53:-

- Pharmacotherapy of round worm infestation
- Drug for cysticerosis- ALBENDAZOLE
- Drug for NEUROCYSTICERCOSIS- PRAZIQUANTEL
- Drug for meningeal irritation- corticosteroids
- MOA of Pyrantelpamoate

Chapter 54 :- vv imp.

Do full

- Fig 54-1
- Classification of anti cancer drugs
- Classification of alkylating agents (Better read this topic from big katzung) . it is as follows:

ALKYLATING AGENTS :

1- Nitrosoureas	Examples ; carmustine , lomustine
2- Nitrogen mustards	Examples: cyclophosphamide , mechlorethamine
3- Alkyl sulfonates	Examples : busulfan
4- Non classic alkylating agents	Examples : procarbazine , dacarbazine
5- Ethylenimines	Examples : Thiotepa
6- Others	Examples : cisplatin , carboplatin , oxaliplatin

- Rescue therapy with examples
- Use of methotrexate as DMARD and in chemotherapy
- Toxicity and side effects of drugs of cancer chemotherapy are very importants
- FOLFOX regimen ; used in colorectal cancer ; (Fluoropyrimindine , Oxaliplatin , leucovorin , 5- fluorouracil)

Main System involved in side effects/ toxicity	Drugs
Renal	Cisplatin , methotrexate
Hepatic	6-MP, busulfan, cyclophosphamide
Pulmonary	Bleomycin , busulfan , procarbazine
Cardiac	Doxorubicin , daunorubicin
Neurologic	Vincristine , cisplatin
Immunosuppression	Cyclophosphamide, methotrexate
Others	Procarbazine (leukemia) , asparaginase (Pancreatitis)

- PEB , ABVD , CHOP regimen in table 54-1

- Mechanism of resistance against anti cancer drugs
- Tumor lysis syndrome and allopurinol : Allopurinol (XO inhibitor) used as supportive care measure in the treatment of acute leukemias to prevent development of hyperuricemia that occurs with tumor cell lysis.

Mnemonics and important points of chemotherapy :

https://drive.google.com/file/d/1NZXqqbEzS-hhq16g1nMAwiY3cNJyNCNt/view?usp=sharing

DRUGS ACTING ON BLOOD:

Chapter 33: not important

Chapter 34:-

- MOA+ adverse effects of Warfarin
- Streptokinase in coronary thrombosis
- Adverse effects of heparin and its antidote
- List of antiplatelet drugs
- Heparin anticoagulant effects+ toxic effects + contraindications

Chapter# 35 just read

Chapter # 36 vvimp

DRUGS USED IN GIT DISORDERS:

- Classification at the start of chapter
- Table 59-1
- Drugs used in acid peptic disease full
- Names and uses of drugs that promote upper GI motility
- Names of anti diarrheals
- Drugs with antiemetic actions ; names and MOA
- Do the names of drugs used for IBD (not that important)

THAT’S ALL FOLKS !

REMEMBER US IN YOUR PRAYERS

CREDITS :

BATCH 42

RIFAO PUBICATIONS TEAM

Shahana Ghazal

Ahsan Tameez ud din

Mehak Ruqia

Amna Mehboob

Amna Mujtaba

Ayesha Mujtaba