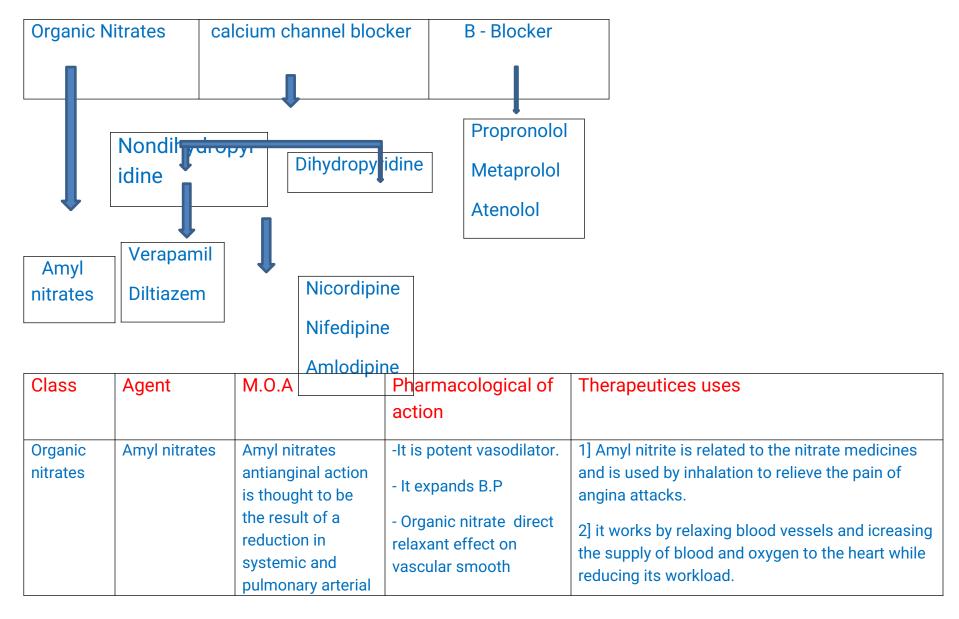
# **ANTI - ANGINAL DRUG**

1) Defination: Angina is managed by using drug that improve perfusion of the myocardium or reduce its metabolic demand or both.

Angina Pectoris: Angina pectoris (or chest pain) is a symptom experienced due to myocardial ischemia ,where in the blood supply to the heart decrease.

- 2) Sign and symptoms of angina pectoris:[a] Chest pain or discomfort, often described as squeezing pressure fullness ,tightness,or a heavy weight in the center of the chest.[b]Pain or discomfort in the arms, neck,jaw,shoulder,or back.[c]Pain similar to indigestion and heart burn.[d]Shortness of breath and tiredness.[e] Nausea, sweating, and dizziness.
- 3) Diagnostic test. 1] Electrocardiogram (ECG)2 Chest X-Ray .3] Chest CT angiography .4] Cardiac MRI .5] Coronary angiography. 6] Echocardiogram or stress test.
- **4) Non-pharmacology treatment** . 1) Stop-smoking. 2) Reduce intake of bad fats and sugar. 3) Exercise regularly. 4) Work towards a healthier body weight.
- 5]Pharmacological treatment: Antianginal drug recommended for the initial treatment are beta blocker and calcium blocker which reduce myocardial ischemia by heart rate reduction and vasodilatory mechanism respectively.

# Anti -anginal classfication



		pressure {afterload}and decreased cardiac output because of peripheral vasodialation, rather than coronary artery dilation.	muscles.	
Calcium channel blocker.	Verapamil.	Verapamil inhibits the calcium ion influx through slow channels into conductile and contractile myocardial cells and vascular smooth muscle cells.	It work by relaxing Blood vessels and also.increas blood supply 02 to heart rate.	1]verapamil is used to-treat high blood pressure and to control angina 2]The immediate relase tablet are also used alone or with other medications to prevent and treat irregular hearbeats.
B- Blocker	propranolol	Mechanism of action competitively blocks both B1 and B2 adrenergic receptors. When access to B-	This drug works by blocking the action of certain natural chemicals in your body that affect the heart and blood vessels this effects reduces heart	1]propranol is used to treat tremors, angina chest pain, hypertension heart rhythm disorders and other heart or circulatory conditions.  2]it is also used to treat or prevent heart attack and to reduce the severity and frequency of migraine headaches.

receptor sites is	rates blood pressure
blocked by	and strain on the heart.
propranolol HCL	
the chronotropic	
,inotropic and	
vasodilator	
responses to beta	
-adrenergic	
stimulation are	
decreased	
proportionately.	

**REFERENCE**: 1]Rang and dale's[pharmacology] P.G[206]. 2]Goodman and Gilmans manual of Pharmacology and therapeutics P.G [8553] ,3]Pharmacology and pharmaco therapeutics , 4] Rang and dale'S P.G [253]

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**DEPARTMENT**:- Pharmacology, TOPIC: Anti angina,

CLASS: - T. Y.B - pharm.

ACADEMIC YEAR- 2021-22



# Antihypertensive Drug

Antihypertensive are those class of drugs that are used to treat hypertension

#### HYPERTENSION

A condition in which the force of the blood against artery walls is too high

#### > BLOOD PRESSURE STAGES

STAGES	SYSTOLIC mmHg	DIASTOLIC mmHg
Stage 1	Less than 130	Less than 80
Stage 2	Between 130-159	Between 80-89
Stage 3	Between 140-159	Between 90-99
Stage 4	160 or high	100 or high

#### > SIGNS AND SYMPTOMS

SIGNS	SYMPTOMS	CAUSES
Signs headache	Cough	Smoking
Shortess of breath	Hypotension	Stress
Anxiety	Migraine	Alcohol consumption
Nose bleeds	Constipation	Older age

#### **DIAGNOSIS**

- > By checking your blood pressure
- > Sphygmomanometer
- Aneroid meter
- Oscillometer
- > TREATMENT

#### A.Non pharmacological treatment

- 1. Exercise, Weight reduction
- 2. Healthy life style, Reduction in salt intake

B. Pharmacological treatment: 1.Drug therapy

A. CLASSIFICATION:

1. ACE inhibitors

e.g. captopril ,Lisinopril, Enalpril

3. Angiotensin-II receptor antagonist.

e.g. losartan ,valsartan

5. beta blockers

e.g. Prazosine terazosin.

7. beta- alpha adrenergic blockers.

e.g. labetolol,carvedilol.

9. central symapatholytics

e.g. clonidine, methyldopa.

2. Beta blockers

e.g. propanolol, Atenolol, Timolol.

4. Calcium channel blocker-

e.g. varapmil, amlodipi

6. Diuretics

e.g. furosemide, hydrochlorthiazide

8. Vasodilator

e.g.minoxidil,diazoxide

10.miscelleneous

e.g.methyldopa, hydralazine HCL

DRUGS	EXAMPLES	MECHANISM	PHARMACO-	DO	USES	SIDE EFFECTS
		OF ACTION	LOGICAL	SE		
			ACTION			
ACE	lisinopril	Increase	Lower	10-	Used in	Dry cough
inhibitors		Vasodilation of	bp	40	hypertension	
		smooth	By reducing	mg	and diabetic	
		muscle	peripheral		nepropathy	
			vascular			
			resitance			

Angiotensin	losartan	Block the AT1	Produce	25-	Renal	Headache, back
II receptor		receptor decrease	arteriolar and	100	hypertension	pain , fatigue
antagonist		activation of AT1	venous	mg		
			dilation			
Beta	propanolol	Decrease b.p.	Blocking	25-	Reduction of	Diziness,
blockers		,symapathetic	action of	100	cardio vascular	weakness
		outflow from CNS	epinephrine	mg	morbidity	
		,seceration of				
		aldosteron				
Alpha	prazosine	Decrease peripheral	Produce	1-	Improve lipid	Slight
blocker		vascular resistance	competative	16	profile	drowsiness
		and decrease atrial	block of alpha	mg		
		pressure	1			
			adrenorecept			
			or			
Calcium	varapmil	prevent ca+2 from	By blocking	2.5-	Improve renal	constipation
channel		entering cells of	ca+2 allow	10	function	
blocker		heart and artery	blood vessel	mg		
			to relax			
diuretics	furosemide	Decrease blood	Increase urine	2.5-	Treat systolic	Dehydration ,
		volume and blood	output by	5	hypertension	joint disorders
		pressure	kidney	mg		
Centrally	methyldopa	Induce peripheral	Decrease	500	Hypertension	Slow heart
acting		sympatho inhibition	central	-	in pregnancy	rate,headache,
		,decrease b.p.	adrenergic	200		fatigue fever
			tone	mg		

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CLASS - Third year B Pharm

**ACADEMIC YEAR - 2021-2022** 

# **Drug used in CHF(Chronic Heart failure)**

**Definition-**CHF is a clinical syndrome in which the heart is unable to pump enough blood to the body to meet it's needs to disposed of systemic or pulmonary venous returned adequately or a combination of the two.

# Sign & Symptoms-

- Shortness of breadth with activity or when laying down.
- Fatigue and weakness
- Swelling in the legs ankles and feet
- Rapid or irregular heart beat
- Reduced ability to exercise
- Nausea and lack of appetite
- Chest pain if heart failure is caused by a heart attack

## Diagnostic tests for CHF

- Chest X-Ray
- Blood Test=U & Es, creatinine, FBC, TFTS, Glucose & Lipid
- Urine Analysis
- ECG
- CT SCAN
- MRI

# Non pharmacological Treatment

## **Compliance =**

Give careful advice about disease, treatment and self help strategies

#### Diet =

Ensure adequate general nutrition and ,in obese patients ,weight reduction

#### Salt =

Advice patients to avoid salt content foods and not to add salt

## Fluid =

Urge overload patients and those with severe CHF to restrict their fluid intake

#### Alcohol =

Advice moderate alcohol consumption

## Smoking =

Avoid smoking (adverse effect on coronary disease ,adverse hemodynamic effect

#### Exercise =

Regular exercise should be encouraged

#### Vaccination =

Patients should consider influenza and pneumococcal vaccination

# **Pharamacological Treatment of CHF**

# **Classification Of CHF**

# 1) Drugs with positive ionotropic effect

Cardiac glycosides	Digoxin,Digitoxin,ouabain
Bipyridines	Amrinone and Milrinone
B adrenergic agonist	Dobutamine and dopamine

# 2) Drugs without positive ionotropic effect

Diuretics	Thiazide, furosemide,spiranolactone,bumetanide,hydrocholrthiazide
Angiotensin antagonist (1) ACE Inhibitors (2)Angiotensin receptor blockers	Captopril,Enalpril,Fosinopril,Ramipril Losartan,condensartan,Telmisartan
Beta adrenergic antagonists	Atenelol,carvedilol,Metoprolol, Bisoprolol
Vasodilators	Isosorbide dinitrate,nitrates,glyceryl trinatrate
Arteriolar dilators	Hydralazine,minoxydil, potassium channel blockers, calcium channel blockers

Drug	Pharmacological Action	M.O.A	Adverse Effect	Contraindication	Dose
Nitroglycerin	1)VeSodilators 2) Reduction in sympathetic activity	It coverts to nitric oxide in the body NO then activate the enzyme guanylyl cyclase which converts GTP to c-GMP in vascular smooth muscle and other tissue	Dizziness, Weakness, Vertigo, Headache Electrolyte imbalance, Thrombocytopenia	Digitalis toxicity, CVS, Recent myocardial infraction, Heart block,	2.6mg
Minoxidil	1)Arterial dilations lowers the B.P 2) It improves blood flow to the brain	It lowers B.P by relaxing vascular smooth muscle through the action	Pschic depression, Headache, Mental Symptoms,	Arrthymia, Renal impairment, Hepatic failure	10mg
Captopril	1)Prevents the degradation of prostaglandin 2) Treatment for encephalopathy	It blocks the conversion of anginotensinogen-1 to 2&inhibiting vasoconstriction	Dryness of mouth, Palpitations, Synope,	Electrolyte imbalanced specially hypokalemia	100mg
Prazosin	1)It increases B.P 2) It blocks the alpha-1 adrenoreceptor antagonists	It is a alpha-1 blocker which is used to treat high B.P	Vomiting		5mg

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- 2) Clark Jose Aray, Karan whaten, Lippincott 5<sup>th</sup> Edition ByReviews Pharmacology, Page no-151-157

Publisher:-Williams&Wilkins

3) Ross&Wilson 12<sup>th</sup> Edition,Page no 122-125 Publisher:-Elsevier Health Science Prepared by:- Samiksha Benke,(4) Priyanka Dethe,(16)

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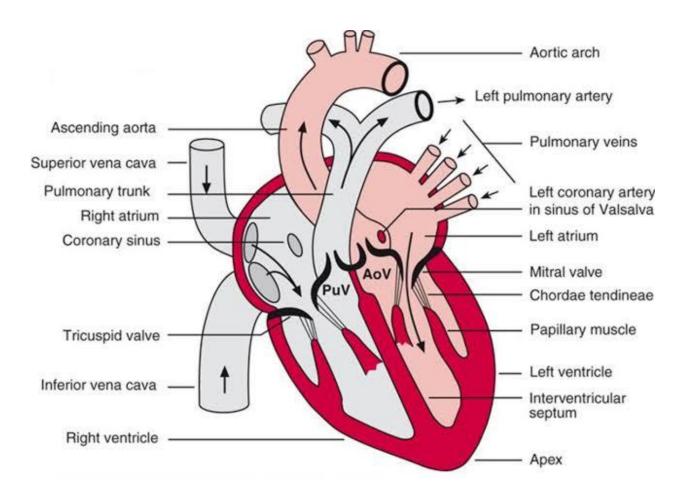
Deparment:- Pharmacology
Subject:- Pharmacology II
Topic:- Drugs used in CHF

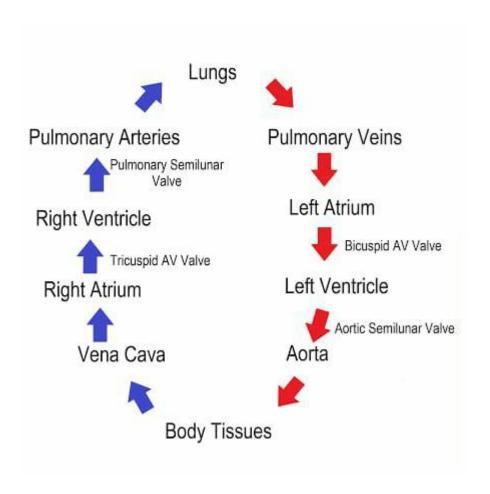
Class:- TYB.Pharm

# Introduction to Hemodynamic and Electrophysiology of Heart Hemodynamic of Heart-

Definition-Hemo dynamic- Movement of blood throughout the body

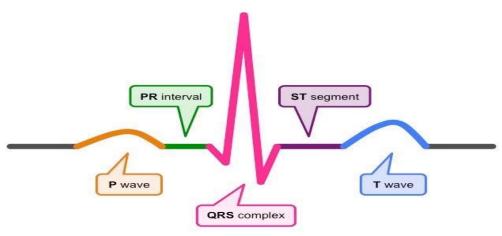
Hemodynamic is a term used to describe the intravascular pressure and flow that occurs during a cardiac cycle.





# **Electrophysiology of Heart-**

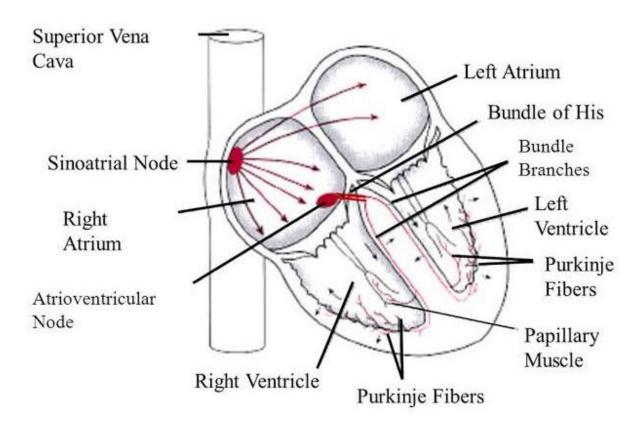
Definition- Cardiac Electrophysiology is the science of elucidating, diagnosing and treating the electrical activities of heart



Normal ECG tracing of a single cardiac cycle-

- SA node- Sinoatrial Node
  - Pacemaker of the Heart
  - Generate action potential (electric impulse)
  - Located in wall of right Atrium
- AV node- Atrioventricular Node
  - Second pacemaker
  - Located in right side of atrial wall

# Basic Cardiac Electrophysiology-



# **Normal Values-**

• Cardiac Output- The cardiac output is the amount of blood ejected from each ventricle every minute

Cardiac Output= Stroke volume × Heart rate (L/min)

- •Stroke volume- Volume of blood in the ventricles immediately before they contract.
- •Blood pressure= 120/80 mmHg
- •Stroke volume= 70ml
- •Heart rate= 72/minute
- •End Diastolic volume (EDV)= 120ml
- •End Systolic volume (ESV)= 50ml
- •Ejection fraction= 58%
- •Heart rate= 75bpm
- •Cardiac output= 5.25L/minute

Reference:- 1)Essential of Medical Pharmacology 7<sup>th</sup> edition by KD Tripathi , page no – 492-494 Published by-Jaypee Brothers Medical 2)Ross and Wilson Anatomy and Physiology in health and illness 12<sup>th</sup>Edition by Anne Waugh, page no- 89-100 Published by- Elsevier Health Science 3) Clark Jose Aray, Karan whaten, Lippincott's illustrated Reviews Pharmacology 5<sup>th</sup> edition page no 205-208

Published by- Williams & Wilkins

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Subject: Pharmacology-II

Class: - Third Year B Pharm

Academic Year:- 2021-2022

# **ANTI-HYPERLIPIDEMICS**

**DEFINITION:** Hyperlipidemia is a medical condition characterized by an increase in one or more of the plasma lipids including triglycerides, cholesterol and phospholipids

#### **SIGNS AND SYMPTOMS:**

Chest pain or pressure (angina)High blood pressure

Blockage of blood vessels in brain and heart Heart attack

Stroke

**DIAGNOSIS**: A blood test to check cholesterol levels called a lipid panel or lipid profile

• Total cholesterol HDL cholesterol

• LDL cholesterol Triglycerides

# NON PHARMACOLOGICAL TREATMENT: PHARMACOLOGICAL TREATMENT:

Weight loss overweight patients

• Do aerobic exercise

Avoid alcohol consumption and smoking

# Classification

HMG COA REDUCTASE INHIBITORS (STATINS):

e.g. Simvastatin, Atorvastatin, Rosuvastatin

**NICOTINIC ACID:** 

e.g. Niacin

**FIBRATES:** 

e. g. Clofibrate, Fenofibrate, gemfriozil

**BILE ACID SEQUESTRANTS:** 

e.g. Colestipol, Colestyaramine

**CHOLESTEROL ABSORBTION INHIBITORS:** 

e.g. Ezetimide

**Statins:** e.g. Lovastatin

Mechanism of action	Pharmacological action	Dose
Slow the production of cholesterol to decrease amount of cholesterol	Decrease triglycerides	10-80 mg
Therapeutic uses	Adverse effects	Contraindications
Used in myocardial infractions and stroke	Muscle pain, heart pain, constipation	Liver problems, epilepsy

Bile acid binding: e.g. Cholestyramine

Mechanism of action	Pharmacological action	dose
Decrease Enteroheptic absorption of bile salts and decrease absorption cholesterol	Triglycerides generally not affected	4-16 mg

Therapeutic uses	Adverse effects	Contraindications
Hypercholesterolemia	Abdominal pain, loss of	Galls stones, kidney
and Dyslipidemia	appetite	dysfunction

Fibric acid derivatives: e.g. Gemfriozil

Mechanism of action	Pharmacological action	Dose	9
Increase VLDL clearance by stimulating vascular endothelial cell lipo- protein lipase activity	Decrease triglycerides	1200	) mg
Therapeutic uses	Adverse effects		Contraindications
Raise HDL, plasma triglycerides	Atrial Fribrilation		Anaemia, gall bladder

Nicotinic acid : e. g. Niacin

Mechanism of action	pharmacological action	Dose
Fatty acid released from adipose tissue by inhibiting the Intracellular lipase system	Decrease triglycerides	2-16 mg
Therapeutic uses	Adverse effects	Contraindications
All types of Hyperlipidemia	Flushing, dyspepsia	Peptic ulcers, pregnancy

**Cholesterol absorption inhibitors : e.g. Ezetimide** 

Mechanism of action	pharmacological action	Dose
It selectively inhibits	Decrease LDL	10mg
intestinal cholesterol		
absorption		

Therapeutic uses	Adverse effects	Contraindications
High blood cholesterol	Abdominal fullness,darkened urine	Renal impairment

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- 4 .Rang and Dales pharmacology eighth edition by H.P.Rang , J.M.Ritter page no-285

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**ACADEMIC YEAR:- 2021-2022**