



**\* Antiacids**

- used after a meal
- not used in heartburn, dyspepsia
- $Al^{+2}$ : cause constipation, interfere with absorp of many drugs
- $Mg^{+2}$ : // diarrhea, acid rebound
- $Al^{+2} - Mg^{+2}$  combination: No diarrhea, constipation (most used)
- React slow without gas formation
- Contraindicated in renal insufficiency  $\rightarrow$  ele. disturbance
- Calcium carbonate: in chronic use it may cause milk-alkali syndrome
- // bicarbonate: highly absorbed, cause metabolic alkalosis. also  $CO_2$  cause belching, should be avoided bec. counteract diuretic therapy for hypertension.

**\* Reduce acid secretion**

H<sub>2</sub>-Receptor antagonist  $\rightarrow$  the H<sub>2</sub>-R for histamin: selective competitive  $\rightarrow$  of the parietal cell H<sub>2</sub> and cause reduce pepsin due to  $\downarrow$  HCl.

ex: - cimetidine  $\rightarrow$  prototype, many problems

- Ranitidine  $\rightarrow$  50% pass first-pass metabolism bioavailability
- Famotidine  $\rightarrow$  50% pass first-pass metabolism bioavailability
- Nizatidine  $\rightarrow$  High bioavailability  $\rightarrow$  small portion get metabolized
- \* Inhibit 90% from nocturnal acid (during overnight) for at least 60 min cautious
- \* // 60% from daytime
- \* used in GERD: Prophylactically, before meals, healing erosive esophagitis in less than 15 days
- \* can prevent bleeding  $\rightarrow$  usually I.V
- \* in peptic ulcer - PPI is recommended  $\rightarrow$  greater healing with PPI

$\rightarrow$  V B<sub>12</sub> help balance immune response

H<sub>2</sub>R antagonist

- \* Not used  $\rightarrow$  chronic used NSAID.
- \* S-E only cimetidine
  - $\rightarrow$  CNS: confusion, hallucination only in I.V
  - $\rightarrow$  endocrine:  $\uparrow$  Prolactin serum,  $\rightarrow$  esterole metabolism
  - $\rightarrow$  not used in pregnant  $\rightarrow$  cross placental, milk metabolism
  - $\rightarrow$  Inhibit cytochrome P450 enzyme A7, D6, C9, A4, while
    - $\rightarrow$  Ranitidine  $\rightarrow$  binding site
    - $\rightarrow$  Nizatidine, Famotidine  $\rightarrow$  no binding

strong effect!

(90-98)% from total acid but inhibits P<sub>Hi</sub>am co-D

most effective

Before male used

**PPI**: save and effective  $\rightarrow$ azole family \* antyoral relief

- \* Formulated as Prodrug + Immediate Release Suspension result in Rapid response.

**Pharmacok.**: lipophilic weak base \* Dursof choice for GERD  $\rightarrow$  most effective

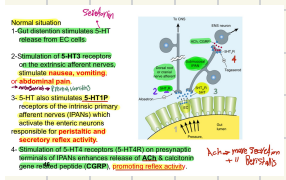
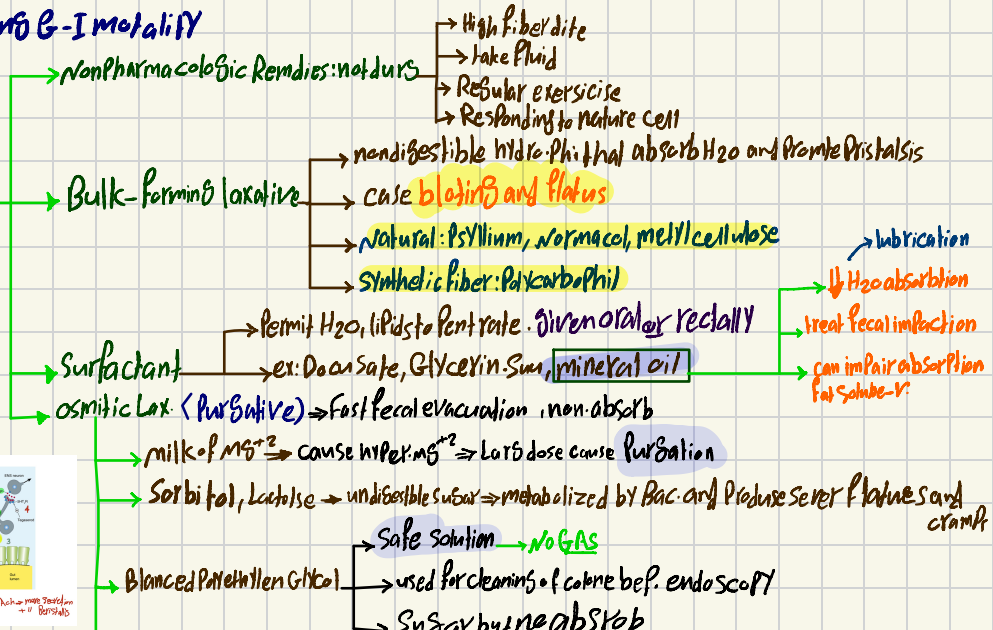
So diffuses across the membrane to phase with high  $H^+$  to be active \* Stress-Related gastritis  $\rightarrow$  omeprazole - naso-gastric tube and when it protonated and it bind covalently bind to the  $H^+/K^+$  Pump \* Gastrinomas, hypersecretory condition \* non-ulcer dyspepsia

omeprazole have faster onset of action. Rabprazole immediate release \* PPI have direct anti-m. effect in H. pylori

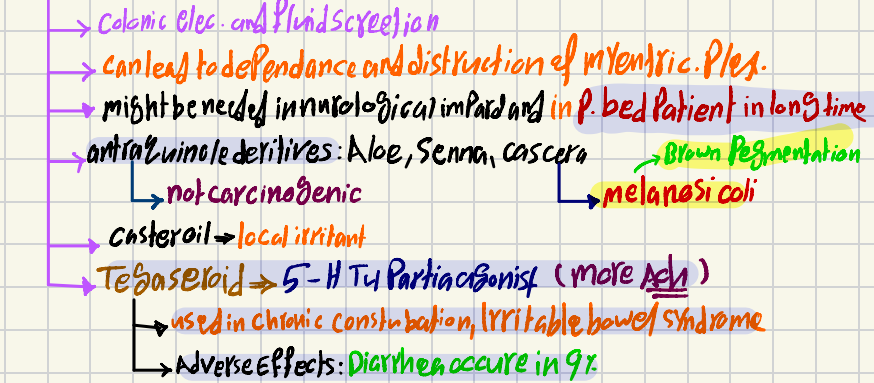
- \* short 1/2 but long impact due to covalent binding
- \* chronic NSAID  $\rightarrow$  PPI is your Dursof
- \* Not used in pregnant  $\rightarrow$  not teratogenic in animal.  $\downarrow$  cf cyano co P-amin absorption

# \* Drug Affecting G-I motility

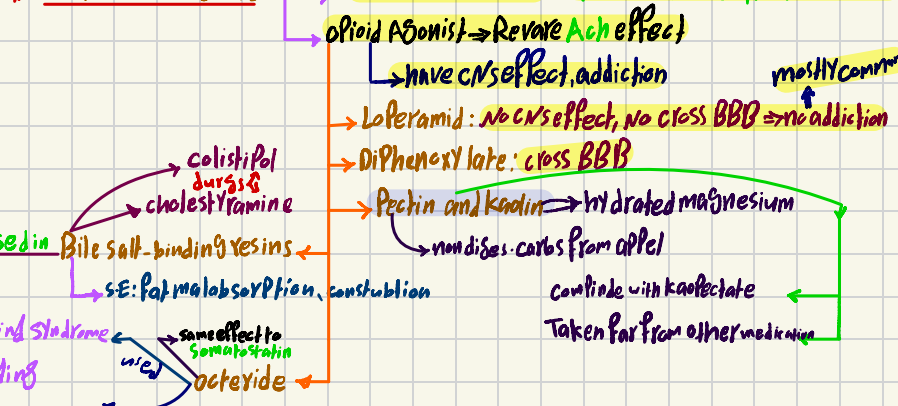
## \* laxatives



## cathartics: direct + PORENS

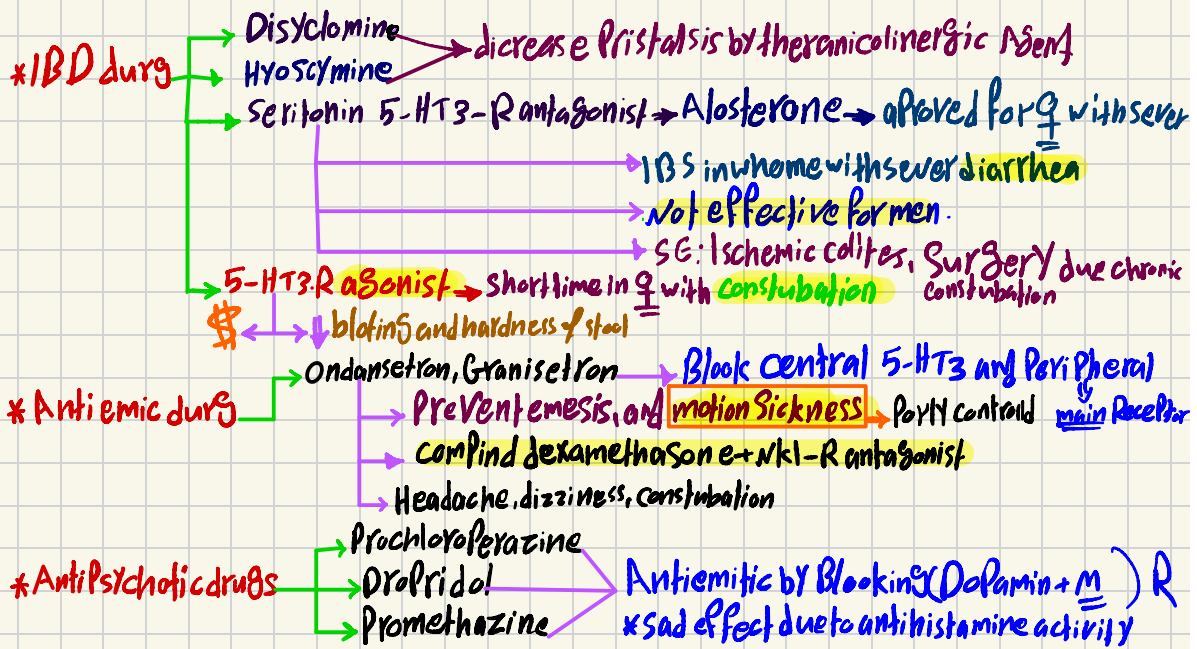


## \* anti-diarrhea Agents



cause diarrhea  
malabsorption of bile-salt

Diarrhea due to vasomotoridumping syndrome  
Pituitary tumors and GI bleeding



**\* Benzodiazepines → Reduce Vomiting caused by anxiety**

Lecture 5 oral anti-Protozoal Drugs

Anti-malarial Drugs  
miscellaneous antiprotozoal

Some of them used to treat malaria

### ① Miscellaneous antiprotozoal

Metronidazole	Tricladazole	Nifurtimol
<ul style="list-style-type: none"> <li>Drug of choice in Tx of extra-luminal leishiasis</li> <li>Similar activity</li> <li>Severe hemophagocytosis → not effective at 6-hydrolysis</li> <li>Graduate, individual &amp; Extra-luminal Tissue. via</li> <li>Flagyl - Nitroimidazole</li> <li>5% Dose, 1000mg/1000ml</li> <li>Side effects: nausea, vomiting, metallic taste</li> </ul>	<ul style="list-style-type: none"> <li>Similar activity</li> <li>Better toxicity profile than Nitro.</li> <li>Used to treat giardiasis</li> </ul>	<ul style="list-style-type: none"> <li>Used to treat leishmaniasis</li> <li>Used to treat Chagas disease</li> </ul>

**\* Adverse Effects**

Common	Infrequent	Rare
nausea, headache, dry mouth, metallic taste	Vomiting, Diarrhea, insomnia, Lethargy, dizziness	Pancreatitis, severe CNS toxicity, headache, ataxia

**\* Metro avoided in pregnant or nursing women**

على الرغم انه لم يتجلى حالات تسمم فان من لم

### ② Anti-malarial Drugs

**\* Life cycle of malaria Parasites.**

Malaria transmitted by the bite of infected female Anopheles mosquitoes. From the mosquito salivary glands enter the circulation. Localize in hepatocytes to multiply, and develop. Asymptomatic for 5 to 15 days, depending on the Plasmodium. Tissue schizonts rupture, releasing thousands of merozoites that enter the circulation, invade erythrocytes where mature schizonts form. Schizont-containing erythrocytes rupture, each releasing 8 to 16 merozoites; this process produces febrile attacks.

**Drugs**

Chloroquine	Quinine	Artemisinin	Doxycycline	Pyrimethamin
<ul style="list-style-type: none"> <li>Most useful agent to terminate an acute attack.</li> <li>Available as oral, IV, and IM preparation.</li> <li>Resistance develops in Plasmodium falciparum, and is fatal.</li> </ul>	<ul style="list-style-type: none"> <li>Oldest drug, from Cinchona tree.</li> <li>Many actions</li> <li>Toxic</li> <li>Still used, no resistance to its action</li> </ul>	<ul style="list-style-type: none"> <li>New drug from Sweet wormwood</li> </ul>	<ul style="list-style-type: none"> <li>Resistance develops</li> </ul>	

③ Amebiasis → Metronidazole (Drug of choice)

④ Giardiasis → Metronidazole (Drug of choice)

⑤ Trichomoniasis → Metronidazole (Drug of choice)

