

# Pharmacology – Prep Manual for Undergraduates

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At the outset, I would like to congratulate Dr Tara Shanbhag (my teacher) for bringing out a very good book for medical undergraduates. Her long haul of teaching experience is very much evident as ones read the book.

The highlight of the book is the flow diagrams which will make it very easy to understand (reminds me of the anatomy book Chaurasia!). The other highlight is the questions at the end of every chapter. This will help the students to test their understanding after reading a topic. But at the same time, I would like to comment/suggest a few things here and there. Plasma half life is wrongly printed as  $t/2$  instead of  $t_{1/2}$ . Even though competitive (equilibrium) antagonism is irreversible, it would be not be entirely right to place it under non-competitive antagonism since the agonist and the antagonist binding sites are different in both of these. Haemodialysis is not useful only for drugs with a small volume of distribution since drugs with small  $V_d$  are tightly bound to the plasma proteins and hence not dialyzable. The concept of inverse agonist is absolutely needless for the undergraduates and also they have no clinical significance. One of the uses of adrenaline is bronchial asthma which is no longer used for this since it is non-selective and can have adverse effects on the heart and other tissues. Dipivefrine is wrongly spelt as depevefrin (may be a printing error). Uses of beta blockers could have been divided into cardiac and non-cardiac. Similarly in hypertension topic, the clinical classification of anti-hypertensives could have been

shown (first line, second line and third line) since hypertension is very important clinically. Under the uses of diazoxide, a very important use – insulinoma is missed out. Under osmotic diuretics, isosorbide has not been mentioned. The mechanism of frusemide in acute pulmonary oedema is very well explained diagrammatically. Under antihistaminics topic, it is written: "Cetirizine causes minimum or no drowsiness". But even though it has negligible penetration into the brain, it is associated with somewhat higher incidence of drowsiness than the other second-generation  $H_1$  antagonists. Under anti-emetics, the type of  $M$  receptors on the vomiting centre/CTZ/ STN is not mentioned. It is  $M_1$  which is the predominant receptor in the CNS. The first chapter (General Pharmacology) looks like a Xerox copy of K.D. Tripathi's pharmacology. Last but not the least, a few pneumonics here and there may benefit a very few below average students in their last minute preparation!

Overall, I would highly recommend this book for medical and interested dental undergraduates. The book can be useful not only for the postgraduates but also for the young faculty who are beginning their teaching career.

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