East Point College of Pharmacy

East Point Campus, Jnana Prabha, Virgo
Nagar PostBengaluru – 560049, Karnataka

Approved
by
Pharmacy Council of India, New Delhi

Affiliated
to
Rajiv Gandhi University of Health SciencesKarnataka
Bengaluru – 560041 India

LAB MANUAL

PHARMACOLOGY-III

B. PHARM 6th SEMESTER

EAST POINT COLLEGE OF PHARMACY
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Bengaluru – 560049, Karnataka

B Pharmacy

Program Outcomes (PO's)

PO 1- Pharmacy Knowledge

Possess knowledge and comprehension of the core and basic knowledge associated with theprofession of pharmacy, including biomedical sciences; pharmaceutical sciences; behavioral, social, and administrative pharmacy sciences; and manufacturing practices.

PO 2- Planning Abilities

Demonstrate effective planning abilities including time management, resource management,delegation skills and organizational skills. Develop and implement plans and organize workto meet deadlines.

PO 3- Problem analysis

Utilize the principles of scientific enquiry, thinking analytically, clearly and critically, whilesolving problems and making decisions during daily practice. Find, analyze, evaluate and apply information systematically and shall make defensible decisions

PO 4- Modern tool usage

Learn, select, and apply appropriate methods and procedures, resources, and modernpharmacy-related computing tools with an understanding of the limitations.

PO 5- Leadership skills

Understand and consider the human reaction to change, motivation issues, leadership and team-building when planning changes required for fulfillment of practice, professional and societal responsibilities. Assume participatory roles as responsible citizens or leadership roles when appropriate to facilitate improvement in health and wellbeing.

PO 6- Professional Identity

Understand, analyse and communicate the value of their professional roles in society (e.g.health care professionals, promoters of health, educators, managers, employers, employees).

PO 7- Pharmaceutical Ethics

Honor personal values and apply ethical principles in professional and social contexts. Demonstrate behaviour that recognizes cultural and personal variability in values,communication and lifestyles. Use ethical frameworks; apply ethical principles while making decisions and take responsibility for the outcomes associated with the decisions

PO 8- Communication

Communicate effectively with the pharmacy community and with society at large, such as,being able to comprehend and write effective reports, make effective presentations and documentation, and give and receive clear instructions

PO 9- The Pharmacist and society

Apply reasoning informed by the contextual knowledge to assess societal, health, safety andlegal issues and the consequent responsibilities relevant to the professional pharmacy practice.

PO 10- Environment and sustainability

Understand the impact of the professional pharmacy solutions in societal and environmentalcontexts, and demonstrate the knowledge of, and need for sustainable development.

PO 11- Life-long learning

Recognize the need for, and have the preparation and ability to engage in independent and life-long learning in the broadest context of technological change. Self-access and use feedback effectively from others to identify learning needs and to satisfy these needs on an ongoing basis.

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Programme Specific Outcomes (PSO's)	
PSO 1	Acquire a thorough foundational knowledge in pharmaceutical sciences, including pharmacology, pharmaceutics, medicinal chemistry, and pharmacognosy, to excel in further academic pursuits
PSO 2	Gain expertise in the application of contemporary pharmaceutical techniques and technologies, enhancing employability across various sectors including the pharmaceutical industry, academia, and research institutions.
PSO 3	Equip with entrepreneurial skills and knowledge of pharmaceutical business management, including market analysis, product development, regulatory affairs, and financial planning, to initiate and run successful ventures in the pharmacy sector

Course Outcomes (CO's)	
Code: BP608P Pharmacology-III	
CO 1	Estimation of biochemical parameters by instrumentation methods
CO 2	Determination of oral toxicity studies on experimental animal models
CO 3	Assessment of various biostatistical methods for experimental pharmacology
CO 4	Know the various agonist and antagonist effects of drugs on in vitro animal preparations

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CONTENT

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Experiment no. 01

GUIDELINGS ON DOSAGE CALCULATION AND STOCK SOLUTION PREPARATION IN EXPERIMENTAL ANIMALS STUDIES

AIM: To prepare stock solution and calculate dosage calculations in experimental animal's studies (or) Preclinical studies.

PRINCIPLE:

Experimental animals are very important tool in non-human research models Dosage calculations and stock solution preparation based on dosage rationable formula are prerequisites to drug administration in experimental animals However, drug dosage calculations and stock solutions preparations are not clearly explained in most scientific literature.

Vehicle of choice, drugs dissolutions & volume selections rationale:

A vehicle is any substance that acts when drug is administered Vehicle which is an essential consideration in all animal research should be biologically inert, it has no toxic effects on animals and influence the results obtained for the compound under investigation. Eg-water, normal saline (0.9% Nacl), 50% polyethylene glycol, 5-10% tween 80,0.25% methyl cellulose (or) carboxy methyl cellulose.

In most researches involving experimental Animals dosage are usually calculated from stock solution of the test drugs dissolved in vehicle.

According to OECD's (organization of economic corporation and Development) guidelines, the dosage of drug should be constituted in an appropriate volume not usually exceeding 10 ml/kg body weight of experimental animals for non- aqueous solvent in oral route of administration. however, the aqueous solvents 20ml/kg body weight can be considered large dose volumes. Can cause unnecessary stress to animal's large dose volumes. Can cause unnecessary stress to animals and overload the stomach capacity and pass immediately into the small bowel or can also result in passive reflux in the stomach, aspiration, pneumonia, pharyngeal, esophageal and gastrin irritation or injury with structure formation. However, highly viscous drug solutions should be diluted whenever possible, for ease of administration. However, final dilution volume should be not exceeding 20ml/kg, based on 10ml/kg volume selection, required dose volume for a 100gm rat can be calculated as follows 100g/1000gx10ml=ml

NB-1g=100g

Based on t h e 20ml/kg volume selection, the required dose volume for a 100g not can be calculated as follows.

100g/1000gx20ml=2m

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Experiment No. 02

ANTI – ALLERGIC ACTIVITY BY MAST CELL STABILIZATION ASSAY

AIM: To study anti – allergic activity by mast cell stabilization assay**.**

MATERIALS REQUIRED:

Animals – guinea pigs = 400 – 600 gms Albino rats – 175 – 200 gms

Drugs – histamine dihydrochloride aerosol (0.2% W/V) Chlorpheniramine maleate (2mg / kg)

Disodium chromoglycoate (50mg / kg) Reagents – Saline solution (0.9%) Egg albumin (100 µg / ml) Toludin blue solution(1%)

Instruments – microscope with 10x magnification lens.

PROCEDURE:

Evaluation of bronchoconstriction in guinea pigs by using histamine aerosol Two groups of guinea pigs are taken. Each group containing 3 animals. Animals have to be fasted overnight. Normal saline gives to the group-I animals Chlorpheniramine maleate (2mg/kg) gives to the group-II animals. Before the drug administration animals should be exposed to the histamine aerosol (0.2%) in histamine chamber. Then determine the end point. The pre-covulsion dyspea (PGD) is the time of exposure of histamine aerosol to onset of dyspnea that leads to convulsion. As early air & time of onset of PCG is to be noted on day zero. Then animals have to treat with drug after 24 hrs. After 1 hr of drug admonition once again are exposed to histamine aerosol & PCD is determined. Percentage (%) of protection offered by the drug can be calculated by the below formula.

FORMULA:

Percentage protection – (1-T1/T1)x100

Where T_1=mean value of PCD before drug administration T_2=mean value of PCD after drug administration.

OBSERVATIONS:

Group-1 (saline)	Percentage protection
Group – 2 Chlorpheniramine maleate (2mg/kg)	

Mast cell stabilization activity:

Albino rats are divided in to 2 groups. Each containing 3 animals. Group-1 receives normal saline. Disodium chromoglycalate (50mg/kg) gives group-2 for 3 days. Inject 10ml/kg of 0.9% saline into peritoneal cavity on 4^{th} day to each animal. Massage the peritoneal region of the animal gently for 5min, then collect the peritoneal fluid and transfer to the test tube which is carrying 7-10ml of PRMI buffer. Centrifuge the fluid for400-500RPM. Discard the supernatant & wash the pellets of mast cells twice with same buffer by centrifugation. Add egg albumin to the above cell suspension & incubate at 37^0C for 10 min. Later the suspension has to stain with 1% toluidine blue solution & observer the slide under microscope for calculating number of granulated and degranulated mast cells in each group.

Group	Total number of cells (n=100)	
	Granulated	Degranulated
Group-1 (saline)		
Group-2 Disodium chromoglycate 50mg/kg		

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Experiment No. 3

STUDY OF ANTI-ULCER ACTIVITY OF A DRUG USING PYLORUS LIGANTION (SHAY) RAY MODEL

AIM: study of anti-ulcer activity of a drug using pylorus ligation (shay) ray model

PRINCIPLE: Peptic ulcer is one of the most prevalent gastrointestinal disorders. The present study aims to demonstrate the pylorus lagan (SHAY) rat model. This was first shown by Shay in 1945. Ligation of rat pylorus results in gastric acid leads to acute gastric ulcers. This procedure is used to screen the drugs for their anti-secretary and antiulcer activity.

MATERIALS REQUIRED: Animals: Albino Wister rats of 150-250g are selected for the study. Drugs: Ether (anesthetic), Ranitidine 20mg/ kg, P.o, 0.9% normal saline Reagents: 0.1N NaOH, Phenenolphthalin, Toper's reagent, Instruments: Dissecting microscope (10X magni-cation lens), Burette, P meter, Surgical instruments.

PROCEDURE:

Pyloric ligation method: Fasted the albino rats 24 hours before the experiment. Then administer the reference drug and control vehicle before 1 hour of pylorus ligation. Then anesthesia given to animal with ether. Then open the abdomen by small midline incision below the diploid process. Then stomach pylori portion was lighted without causing damage to blood vessels, then stomach was isolated and abdominal wall was sealed with sutures. After 48hours of ligation, stomach was, dissected out and collected the contents into the clean tubes. The volume, pH and total, acid content of juice were centrifuged, filtered and titrated for estimation of total acidity. Then number of ulcers were based on following below

FORMULA:

$$\mathbf{Ui = UN + Us + Up \times 10^{-1}}$$

Where,

Ui = ulcer index

UN = average number of ulcers per animal Us = Average no. Of severity score Up =

Percentage of animal a with ulcers

Percentage inhibition of ulceration was, calculated and compared with standard or control.

CONCLUSION

Comparison of ulcer index between study groups estimates the potency of antiulcer activity of test drug. Decrease in volume and total acidity determines anti- secretary activity of test drug and rise in P evaluates acid naturalizing action of the drug.

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Experiment No: 4

STUDY OF ANTI-ULCER ACTIVITY OF A DRUG USING RATS

AIM: Study of anti-ulcer activity of a drug using rats

PRINCIPLE:

Peptic ulcer defined as an ulceration of the mucous membrane of the stomach, duodenum or esophagus. The imbalanced secretions of gastric acid, pepsin and duodenal mucosal defense mechanisms are the causes of such ulcers. Excessive non- steroidal and anti-inflammatory drugs (NSAIDs) consumption of can cause damage of gastrointestinal mucosa leading to ulcers. Aim of this experiment is to screen the drugs for their antiulcer activity.

MATERIALS REQUIRED:

Animals: Albino Westar rats of (200-300g) either sex Drugs: Aspirin – 400 mg/kg, p.o Ranitidine 30 mg/ kg, p.o. Dissolve both drugs in 1% CMC. Chemicals: 1% CMC. Instruments: Dissecting microscope (10X magnification lens), Surgical instruments

PROCEDURE: Select albino rats weighting 200-300g and divide them into the two groups consisting of 3 animals in each group. Group-1 receives 1% CMC. Group -2 receives Ranitidine (30mg/kg, p.o). Administer Aspirin (200mg/kg)/ Diclofenac sodium (100mg/kg) suspended in 3 ml of CMC after 30 minutes of articular drug administration in both groups. Avoid access to feed and water to animals. After 6 hours sacrifice the animals by cervical decapitation. Open along the greater curvature of the stomach, remove the stomach contents and wash with 0.9% saline. Observe for the ulcers formed and measure the length of each ulcer and calculate

Ulcer index.

Ulcer score: 1mm (pin point)=1; 1-2mm =2; >2mm =3;>3mm =4

ULCER INDEX =(U1+ U2+U3) × 10^{-1}

U1 = Average of number of ulcers per animal U2 = Average of severity score U3 = Percentage (%) of animals with ulcer

Intensity of ulcers with scoring: 0- normal coloration, 0-5 red coloration, 1- spot ulcer, 1.5- hemorrhagic stress, 2- deep ulcer and 3- perforations.

CONCLUSION

Comparison of ulcer index between study groups estimates the potency of anti ulcer activity of test drug.

Experiment No: 5

STUDY THE EFFECT OF DRUGS ON GASTROINTESTINAL MOTILITY.

AIM: study the effect of drugs on gastrointestinal motility.

PRINCIPLE

The motility function gastrointestinal tract (GIT) is associated with

1. Forward propulsion of ingested food
2. digestion
3. absorption of nutrients and
4. expulsion of unabsorbed food material.

These function are adequately, supported by cyclic motor activity occurring in almost all parts of the GIT which is due to migrating my electrical complex (MMC) through electrical activity of the GIT. Any discrepancy in motility patter can affect, functionality of the GIT. A decrease in motility can lead to the stasisof food / chime in the intestine which favors the increases in the quantum of bacterial growth and cause constipation. Sometimes such situation may cause medical emergency when the barrier is breached, leading to bacterial translocation to other organs of the body. On the other hand, increased motility interferes with the digestion and absorption process and can lead to diarrhea and the malabsorption syndrome. The clinically known conditions of motility disorders such as achalasia, gastric stasis, outlet obstruction, acute intestinal ileum, chronicintestinal pseudo obstruction, mega colon, and, generalized disorders of motility deserve treatment with safer drugs. The evaluation of gastrointestinal (GI) motility is helpful in

1. determining the therapeutic potential of new drugs in motility disorders
2. motility secondary to physiological or pharmacological
3. 42 stimuli
4. Evaluating the effect of pathological condition on GI transit.

In vivo methods in animals exhibit true effects of investigational drugs in biological milieu. Studies of motility of GI are associated with observation of marker in immediately excised sections of GIT or observation of motility in conscious animals using electrical gadgets. The following are the most popularin vivo methods to study GI motility in experimental animals..

1. Assessment of
2. intestinal transit
3. Assessment of gastric motility
4. Measurement of gastrointestinal transit
5. Measurement of colon motility
6. Long term recording of intestinal mechanical and electrical activity.
7. Assessment of GIT motility in dogs.

Assessment of gastric motility

The function of the stomach includes initiation of digestion by exocrine secretionssuch as acid and pepsin, which are under the control of the endocrine secretion of hormones that also coordinate intestinal motility. Various techniques have been developed to assess gastric motility causing the gastric emptying (GE). The influence of drugs on gastric mechanical action on the bioavailability of novel compounds is of critical importance in drug development. Disturbed gastric my electric activity leading to gastro paresis can cause delayed GE, often found in patients with diabetics mellitus. Electro astrograph (EGG) may be used to evaluate the influence of prokinetics and other drugs on this condition 8 and aid therapy.

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Experiment No: 6

EFFECT OF DRUGS ON GASTRO INTESTINAL MOTILITY

AIM : Effect of drugs on gastro intestinal motility

PRINCIPLE

Intestinal motility is regulated by the enteric nervous system of the gut (Auerbachs and messenger's plexuses) and the activity of this system can be modified by atomic nervous system. Hence effect of sympathomimetic and parasympathomimetic drugs on intestinal motility can be studied by using isolated piece of intestine. parasymimetic drugs stimulate enteric neurons to release acetylcholine at neuromuscular junctions and enhance muscle tone and rhythm city. Many animal models can be employed to study the intestinal motilityof sympathetic and parasympathetic drugs. Guinea pig ileum is advantageous for assay purpose as it produces steady baseline for studying effects of drugs. Rabbit intestine (ileum, duodenum, jejunum) usually jejunum is used for the effects of pendulum movements (continuous contraction and relaxation – Finke man method). In the present study rabbit ileum is selected for estimating the effects of selected drugs on intestinal motility.

MATERIALS REQUIRED

Animals: Medium sized rabbit drugs: Adrenaline/ Acetylcholine – 10ug/ml, AtropineSulphate – 10ug/ ml, isoproterenol/ isopernaline 10ug/ml, Propranolol – 10mg/ml, Solutions: Tyrone solution

Apparatus used: Kymograph, dissecting board, Dissecting instruments, scissors, Petri plates, syringe, Frontal writing lever, water bath with temperature controlling unit, organ bath with aeration tube.

PROCEDURE:

The procedure adopted for the study is the modified fink leman method developed by walker and scott. Select a medium sized rabbit for the study. Fast the animal for 24 hours prior to experiment as food in gut results in messy dissection and flushing or gut contents may damage the intestine. Before sacrificing the rabbit, prepare Thyroids Ringer solution and place about 250ml of this solution in an ice cold flask.

Sacrifice the animal by cervical decapitation without use of anesthetic as it may affect the gut motility. Shave the abdomen of the animal and vacuum the surface to remove adhered fur. Make a midline incision through the skin and abdominal muscles. Locate ileum and a part of ileum was taken 10cm away from ileocaecal value. An optimal length of tissue (5-6cms) is cut carefully and tie the thread to ant mesenteric border on both sides and place them in Thyroid solution (extra pieces of ileum can be stored in ice cold Thyroid solution so that they are viable for hours. In ice cold solution the motility will ceases but after placing them in warm solution the tissue gets relaxed and shows motility within 5-10 minutes). Record the rhythmic activity of the ileum by using frontal writing lever and kymograph. Suspend the tissue in organ bath of Thyroid solution (100ml) at 37c with adequate oxygen supply (mixture of 95% O and 5% of Co). Tie one endof the thread of tissue of fixed point inside the organ bath and the other end to thelever for recording constructions on the kymograph. Stabilize the tissue in the solution to the conditions for about 30 minutes. Ensure the lever should be placed horizonontally and record the normal constructions followed by effects of drugs on muscles. After recording normal constructions inject the drugs one by one and observe for force of contraction and tone (normal, increased or decreased),frequency of constructions (per minute) before and after drug administration. Inject 0.1ml of drugs in the succession order in the organ bath and the responses are recorded. After nothing the effect of every drug, drain the muscle bath and refill with fresh warm thyroid solution (100ml). Take the control (without drug) response. Maintain washout period for 15-20 minutes for change of every drug and check the next drug response only the when the tone and amplitude returned to original value approximately. The drug and dose name should be mentioned in the recording after taking response of each drug.

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EXPERIMENT NO: 7

ESTIMATE OF SERUM BIOCHEMICAL PRAMETERS BY USING SEMI AUTOANALYSER

AIM: Estimate of serum biochemical parameters by using semi auto analyser

PRINCIPLE:

a) Almandine Amino transferease(ALT)

α cetoglutarate reacts with L- almandine in the presence of ALT to form L- glutamate plus pyruvate. The pyruvate is used in the indicator reaction for a kinetic determination ofthe reduced from of nicotiamide adenine dinucleotide (NADH) consumption. The international Federation of Clinical Chemistry (IFCC) has know recommended standardized procedures for ALT determination,including 1) Optimization of substrate concentrations, 2) the use of tries buffers, 3) Preincubation of a combined buffer and serum solution to allow side reactions with NADH to color, 4) Substrate start (α- katolgutarate) , and 5) Optimal pyridoxal phosphate activation. As a group, the transmineasess catalyze the into conversion of amino acid and α-Kato acids by transferring the amino groups. The enzyme ALT been found to be in highest concentration in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen, and lung tissues. Almandine amino transferees measurement are used in the diagnosis and treatment of certain liver diseases (e.g. Viral hepatitis and cirrhosis) and heart disease. Evaluated levels of the transaminases can indicate myocardial infraction, hepatic disease, muscular dystrophy, or organ damage. Serum elevations of ALT activity are rarely observed except in parenchyma liver disease, since ALT is a some more liver- specific enzyme than aspirate amino transfers(AST).

a) Reagent 1 (R1) working solution :

   (Bottles 1 and 1 a) Tries buffer: 125mmol/1, pH 7.3; L-almandine: 625mmol/1; NADH: 0.23mmol/1(Yeast); LDHS 1.5 U/ml (microorganisms); preservative connect bottle 1to Bottle 1a and dissolve the granule into the buffer.

b) Reagent 2 (R2) Working solution:

   Ketoglutarate: 94mmol/1; preservative C until the use α-catalogue solution, supplied “ready to use”. Store capped at 2-8 expiration date on the package.

b. Albumin

At the reaction pH, the bromcresol purple (BCP) in the Roche Diagnostics (RD) albumin system reagent binds selectivity with albumin. This reaction is based on a modification ofa method described y Dumas (4). Although BCP is structurally similar to the conventional bromcresol green (BCG), its pH color change interval is higher (5.2 - 6.8) than the color change interval for BCG (3.8-5.4), thus reducing the number of weak electrostatic dye/protein interactions. The BCP system eliminates many of the nonspecific other serum proteins as a result of the increased pH. In addition, the use of a sample blank eliminates background spectral interferences not completely removed by dichromatic analysis. Albumin constitutes about 60% of the total serum protein in normal, healthy individuals. Unlike most of the other serum proteins, albumin serves a number of functions which include transporting large insoluble organic (e.g., long0 chain fatty acids and bilirubin), binding toxic metal ions, transporting excess quantities of poor's soluble hormones (e.g., cortical, aldosterone, and thyroxin), maintaining serum osmotic pressure, and provisioning a reserve store of protein. Albumin measurements are used in the diagnosis and treatment of numerous diseases primarily involving the liver or kidneys.

a) Reagent 1(R1) working solution:

Citrate buffer: 95mmol/1, pH 4.1; preservative

b) Reagent 2 (R2) working solution:

Citrate buffer: 95mmol/1, pH 4.1; bromcresol green:0.66mmol/1; Use supplied ready touse. Transfer the contents of BCP chromate to an analyzer bottle.

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EXPERIMENT NO: 8

EFFECT OF SALINE PURGATIVE ON FROG PRINCIPLE

AIM: Effect of saline purgative on frog principle.

Saline purgatives are the salts comprising of highly charged ions and not crosses cell membrance freely. They remain inside the lumen and retain water through osmotic forces. They increase the volume of the contents of the bowel, stretch the colon and produces normal stimulus for contraction of the muscle that leads to defecation. The aim of the present study is to examine the effect of saline purgative on frog intestine.

MATERIALS REQUIRED:

Animal: Frog

Reagents: 0.9% to 0.45% of saline (hypotonic), 27% Magnesium Sulphate (hypertonic), Frogs Ringer Solution (isotonic)

Instruments Used: Frog's board, Pitching needle, dissecting instruments, needle with thread, and tuberculin syringe with needle.

PROCEDURE:

Pith the frog and place it on a dissecting board. Expose the abdominal cavity and carefully trace the small intestine. Make the small intestine into three compartments by tying threads of different colors in such a way that no fluid can move from one compartment to the other. Inject 0.2 ml of each hypotonic solution into first compartment, 0.2ml of hypertonic solution to second compartment and 0.2ml of isotonic solution into third compartment. Wait for 20 minutes and the observations are to be recorded.

OBSERVATION: Drug Compartment Effect, Hypotonic solution (0.2ml of0.9% of saline) First compartment Shrunken, Hypertonic solution (0.2ml of 27% magnesium sulphate), Second compartment Swollen, Isotonic solution (0.2ml of frogs Ringersolution) Third compartment No change.

CONCLUSION: Hypotonic solution causes the fluid to move from lumen into circulation by process osmosis thereby shrinks the tissue. Hypertonic solution moves the fluid from cells into the lumen and swells the tissue and isotonic solution did not shows any fluid movement across the intestinal membrane.

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Experiment No: 9

INSULIN HYPOGLYCEMIC EFFECT IN RABBIT

AIM: Insulin hypoglycemic effect in rabbit

Animal required: Healthy rabbits weighing 1800-3000gms.

Drugs: 20 units of insulin preparation. One unit contains 0.04082mg of insulin.

Reagents: Normal saline, HCL, 0.5% phenol, 1.4-1.8% glycerin.

PROCEDURE:

Select healthy rabbits weighing 1800-3000gems for the study. They should be maintained in uniform diet for 7 days. Fast the animals for 18hrs with no access to water before starting the procedure. Select three animals for the study and inject1 unit/ml of insulin.

Prepare drug solution freshly. Weigh 20 units of insulin accurately and dissolve it in normal saline. Acidify the solution by using HCL to pH 2.5. Add 0.5% of phenol as preservative and 1.4-1.8% of glycerin and make the final volume to 20% unit/ml of solution.

Withdraw 2ml of blood from marginal ear vein of each rabbit and estimate blood glucose level by using suitable biochemical method and the concentration of glucose can be noted down an initial blood glucose level. Then injection (1unit/ml) to the animals and check the blood sugar level up to 5 hours at the interval of 1 hour each and the determine blood glucose levels as find blood glucose levels.

REPORT:

Mean percentage decrease of blood glucose levels at different time intervals determines the effect of insulin.

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Experiment No: 10

TEST FOR PYROGEN RABBIT EYE

AIM: Test for pyrogen rabbit eye

PRINCIPLE:

Pyrogen testing determines the presence or absence of pyrogens in parenteral pharmaceutical products and is regulated by several standards from organizations such as the Food and Drug Administration (FDA), United States Pharmacopeia (USP), or European Pharmacopeia (EP). The sterility of a product does not imply that it is free of pyrogens. Therefore, drugs that are purported to be sterile must also be tested for pyrogens to prevent febrile reactions in patients. Pyrogen contamination can occur during production or the administration of pharmaceuticals, biotherapeutics, and medical devices, but the presence of pyrogens can also be an inherent characteristic of the product, such as adjuvants in vaccines or synthetic lipopeptides. Groups of three healthy nature rabbits are chosen. Accurate thermometer are inserted intothe rectum of the rabbits to record their body temperature. Test solutions are warmed to 37^0C prior to injection. Rabbit temperature are recorded at 30min intervals between 1 and3hr.

PROCEDURE:

Inject the solution (38.5^0C) under examination slowly into the marina (vein of the ear of each rabbit) over a period of exceeding 4 minutes unless otherwise prescribed in the monograph. Record the temperature of each animal at half- hourly intervals for 3 hours after the injection.

OBSERVATION:

The different between the initial temp and the maximum temperature which is the highest temp recorded for a rabbit are taken to be its response.

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Experiment No:11

TO PERFORM THE ACUTE SKIN IRRITATION

AIM: To perform the acute skin irritation .

PRINCIPLE:

The test chemical to be tested is applied in a single dose to the skin of an experimental animal, untreated skin areas of the test animal serve as the control. The degree of irritation/ corrosion is read and scored as specified intervals. Animals showing continuing signs of serve distress and/or pain at any stage of the test should be humanely killed, and the test chemical assessed accordingly.

PROCEDURE:

The test chemical should be applied to a dorsal/ flank (approximately 6cm^2) of skin and covered with a gauze patch. In cases in which direct application is not possible (eg: liquids or some pastes) the test chemical should first be applied to the gauze patch, which is then applied to the skin. The patch should be loosely held in contact with the skin by means of a suitable semi-occlusive dressing for the duration of the exposure period. If the test chemical is applied to the patch, it should be attached to the skin in such a manner that there is good contact & uniform distribution of the test chemical on the skin. Liquid test, chemicals are generally used undiluted. When testing solids, the test chemical should be dilutedwith the smallest amount if water (or another suitable vehicle) sufficient to ensuregood skin contact. At the end of the exposure period, which is normally 4 hours, residual test chemical should be removed.

DOSE LEVEL

A dose of 0.5ml of liquid or 0.5g of solid or paste is applied to the site.

OBSERVATION:

The degree of irritation/ corrosion is read and scored at specified intervals.

Experiment No: 12

TO PERFORM THE ACUTE EYE IRRITATION TEST.

AIM: To perform the acute eye irritation test.

PRINCIPLE:

Following pretreatment with a systemic analgesic and induction of appropriate topical anesthesia, the substance to be tested is applied in a single dose of the eyes of the experimental animal the untreated eye serves as the control. The degrees of eye irritation/corrosion is evaluated by scoring lesions of conjunctiva, cornea, and its at specific Bintervals.

PROCEDURE:

Sixty minutes prior to test substances application TSA, baprenorophine 0.01mg/kg is administered by subcutaneous injection (sc) to provide a therapeutic level of system analgesia. Five minutes prior to TSA, one (or) two drops of a topical ocular anesthetic Ex- 0.5% proparacaine hcl.

In order to avoid possible interference with the study, a topical anesthetic that does not contain preservations is recommended. The eye of each animal that is not treated with test articles but which is treated with topical anesthetics servesas a control. If the test substance in anticipated to cause significant pain and distress if should not normally be tested in vivo. However in case of doubt (or) where testing in necessary consideration should be given to additional applications of the topical anesthetic at 5 minutes intervals prior to TSA. If an animal shows signs of pain and distress during the study a recue dose of buprenophine 0.03mg/kg would be given immediately and repeated as often as every 8 hours. Melocicam 0.5mg/kg sc would be administered every 24 hrs injection with recue dose of buprenorphine but not until at least 8 hours.

OBSERVATION:

Duration of the observation period should, be sufficient to evaluate fully the magnitude and reversibility of the effects observed. Animal shows signs of serve pain (or) distress. Observed normally for 21 days. If visibility is seen before 21 days the experiment should be terminated at that time.

Vision and Mission of the Institution

Vision

The East Point College of Pharmacy aspires to be a globally acclaimed institution, **recognized** for **excellence in** pharmaceutical education, research and nurturing students for **holistic development.**

Mission

M1 Create pharmacy graduates through **quality education**

M2 Promote innovation, **creativity**, and excellence **in teaching**, learning, and **research**

M3 **Inspire** integrity, teamwork, critical thinking**, personal** development, and ethics in **students** and lay **the** foundation for lifelong learning

M4 **Serve** the **healthcare, technological, scientific**, and **economic** needs of then **society**.