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MODEL ANSWER

WINTER-17 EXAMINATION

Subject Title: PHARMACEUTICAL CHEMISTRY-I

Subject Code: 0806

Important Instructions to examiners:

- 1) The answers should be examined by key words and not as word-to-word as given in the model answer scheme.
- 2) The model answer and the answer written by candidate may vary but the examiner may try to assess the understanding level of the candidate.
- 3) The language errors such as grammatical, spelling errors should not be given more Importance (Not applicable for subject English and Communication Skills.
- 4) While assessing figures, examiner may give credit for principal components indicated in the figure. The figures drawn by candidate and model answer may vary. The examiner may give credit for anyequivalent figure drawn.
- 5) Credits may be given step wise for numerical problems. In some cases, the assumed constant values may vary and there may be some difference in the candidate's answers and model answer.
- 6) In case of some questions credit may be given by judgement on part of examiner of relevant answer based on candidate's understanding.
- 7) For programming language papers, credit may be given to any other program based on equivalent concept.



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Subject Title: PHARMACEUTICAL CHEMISTRY-I

Sub	Answer	Markin
Q.N.		g
		Schem
	ATTEMPT ANY <u>EIGHT</u> OF THE FOLLOWING.	16M
		(8X2)
a)	Explain the following terms. (Any 2)	1 M
	i) Achlorhydria-	each
	The fack of secretion of flydrochionic acid thus causes gastromitestinal disturbances.	
	ii) Emetics- These are the agents which induce vomiting. They produce their action directly	
	by stimulating chemoreceptor trigger zone (CTZ) or by directly irritating intestinal mucosa.	
	iii) Astringents- In general term, astringents are the compounds that bring about mild	
	protein precipitation. This action may be on mucosal membrane when taken internally or	
	on skin for topical use. Astringents when applied topically cause precipitation of protein of	
	surface cell by coagulation. The action depends upon the extent of penetration of agent and	
	the type of chemical action resulting with protein.	
b)	Write the chemical incompatibilities of the following. (Any 2)	1 M
		each
	Since Hypophosphorus acid is reducing agent, it gets readily oxidised by usual oxidizing	
	agents. Mercury, Silver, bismuth, lead salts are reduced partly to metallic state exhibiting	
	darkening in color and partial precipitation.	
	Q.N. a)	ATTEMPT ANY EIGHT OF THE FOLLOWING. a) Explain the following terms. (Any 2) i) Achlorhydria- Achlorhydria is a condition in which there is absence or insufficient secretion of hydrochloric acid in stomach. The symptoms of achlorhydria vary in patients. Common symptoms of achlorhydria are mild diarrhoea, abdominal pain, sensitivity to spicy foods, loss of appetite etc. The lack of secretion of hydrochloric acid thus causes gastrointestinal disturbances. ii) Emetics- These are the agents which induce vomiting. They produce their action directly by stimulating chemoreceptor trigger zone (CTZ) or by directly irritating intestinal mucosa. iii) Astringents- In general term, astringents are the compounds that bring about mild protein precipitation. This action may be on mucosal membrane when taken internally or on skin for topical use. Astringents when applied topically cause precipitation of protein of surface cell by coagulation. The action depends upon the extent of penetration of agent and the type of chemical action resulting with protein. b) Write the chemical incompatibilities of the following. (Any 2) i) Hypophosphorus acid- Since Hypophosphorus acid is reducing agent, it gets readily oxidised by usual oxidizing agents. Mercury, Silver, bismuth, lead salts are reduced partly to metallic state exhibiting



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		ii) Sulphur dioxide -	
		Sulphur dioxide being a reducing agent, it is in general incompatible with oxidizing	
		agents and thiamine. Its bleaching action removes color from the preparation.	
		iv) Ferrous Sulphate-	
		Ferrous Sulphate is incompatible with alkali and gets oxidised in air easily in presence	
		of arsenates and mercuric salts. It is also incompatible with phosphates, tannates and	
		benzoates.	
1	c)	Give synonym for the following. (Any 2)	1 M
		i) Magnesium sulphate- Epsom Salt.	each
		ii) Sodium potassium tartarate- Rochelle salt, Seignette salt, Potassium sodium	
		tartarate.	
		iii) Precipitated sulphur- Milk of sulphur.	
1	d)	Write the molecular formula for the following. (Any 2)	1 M
		i) Sodium Metabisulphite- Na ₂ S ₂ O ₅	each
		ii) Calcium Carbonate- CaCO ₃	
		iii) Stannous Fluoride- SnF ₂	
1	e)	Discuss uses of the following compounds. (Any 2)	1 M
		i) Sodium Nitrite-	each
		It is used as an antidote in cyanide poisoning.	
		It is used as antioxidant.	
		Due to its vasodilation action, it is considered effective in angina pectoris.	



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		It is used as food preservative.	
		ii) Sodium Acetate –	
		Is used as systemic alkaliniser.	
		It is an ingredient of peritoneal dialysis fluid.	
		It is used as diuretic.	
		Is used to prepare buffer solutions.	
		iii) Sodium Thiosulphate-	
		It is used as an antioxidant.	
		Is used in parasitic skin diseases.	
		Is used in controlling infection to athlete's foot.	
		It is effective in cyanide poisoning.	
		It is used extensively in photographic industry.	
1	f)	Discuss the uses of boric acid. Discuss the effect of heat on boric acid.	1 M
		Uses-	each
		Boric acid is used in preparation of buffer solution.	
		It is used to maintain acidic pH in various topical medications.	
		Boric acid is used in ointment for emollient & antiseptic action.	
		Boric acid solutions are used mainly as eye & mouth wash for local anti-infective action.	
		 Since boric acid has smooth unctuous nature it is employed as an ingredient in dusting powder. 	



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	Effect of heat on boric acid-	
	i) When heated above 100°C, it dehydrates, forming metaboric acid (HBO ₂):	
	$H_3BO_3 \rightarrow HBO_2 + H_2O$	
	ii) Boric acid melts at about 160°C, forming tetra boric acid or pyro boric acid (H ₂ B ₄ O ₇):	
	$4 \text{ HBO}_2 \rightarrow \text{H}_2\text{B}_4\text{O}_7 + \text{H}_2\text{O}$	
	iii) And when heated above 160°C further dehydrates, forming boron trioxide.	
	$H_2B_4O_7 \rightarrow 2 B_2O_3 + H_2O$	
 g)	Write properties and uses of calcium hydroxide.	1 M
	Properties-	each
	It occurs as white, soft powder.	
	• It is odourless.	
	It has alkaline and slightly bitter taste.	
	• It is slightly soluble in water, soluble in aq. solutions of glycerine and sugar.	
	Solubility of calcium hydroxide diminishes with increasing temp.	
	Uses-	
	It acts as an antacid	
	• Used as an astringent in infantile diarrhea & vomiting in the form of lime water.	
	It reacts with fatty acids, forming calcium soaps which act as emulsifying agent.	
	It is an ingredient in some skin lotions.	
	Calcium hydroxide along with sodium hydroxide in a particular mixture known as	
	Soda Lime is used for its ability to absorb CO ₂ from expired air.	
	• Its CO ₂ absorbing property is useful in certain types of gas traps.	



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1	h)	Explain the importance of Glycerin in the assay of boric acid.	2M
		Glycerin is used in the assay of Boric Acid because; boric acid is a very weak acid which is	
		to be titrated against strong alkali like sodium hydroxide, but it does not give sharp end	
		point. So when glycerin is added, it forms glyceroboric acid complex which acts as a strong	
		monobasic acid and is strong enough to titrate against strong solution of sodium hydroxide	
		by using phenolphthalein as an indicator. Reactions involved in the assay of boric acid-	
		$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
		Glycerol Boric acid Glyceroboric acid complex	
		Glyceroboric acid complex + NaOH Page C — OH	
	i)	Write properties, storage and handling of NaOH.	
		Properties-	1 M
		• It occurs as white sticks, pellets, scales or masses, it is highly deliquescent powder.	
		• It is strongly alkaline.	
		• When exposed to air, it rapidly absorbs moisture and CO ₂ .	
		It is soluble in boiling water, alcohol, glycerin.	
		When it is dissolved in water, considerable heat is generated.	



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		Storage and handling-	1 M
		It is stored in tightly closed container as it absorbs moisture and CO ₂ . It should not be	
		touched with hands but handled with spatula.	
1	j)	Classify antacids with examples. Write two properties of Aluminium hydroxide gel.	1 M
		Classification of antacids is as follows:	each
		A) Systemic/ Absorbable antacids- E.g. Sodium Bicarbonate	
		B) Non systemic/ Non absorbable antacids:	
		Aluminium containing antacids- E.g. Aluminium Hydroxide, Aluminium	
		Phosphate, Basic aluminium carbonate	
		Calcium containing antacids- E.g. Calcium carbonate, Calcium Phosphate	
		Magnesium containing antacids- E.g. Magnesium carbonate, Magnesium oxide,	
		Magnesium hydroxide, Magnesium trisilicate	
		C) Combination antacids- E.g. Aluminium Hydroxide and Magnesium hydroxide,	
		Aluminium Hydroxide gel and Magnesium trisilicate.	
		Properties of Aluminium hydroxide gel-	
		• It is aqueous white viscous suspension of hydrated Al ₂ O ₃ with Aluminium	
		carbonate or bicarbonate.	
		• Its pH is 5.5 to 8.0.	
		• It contains sodium benzoate as preservative, oil of mentha or peppermint oil as	
		flavouring agent and sucrose or sorbitol as sweetening	
1	k)	Give two Identification test for each ion-	1 M
		Chloride-	each
		• Dissolve in 2ml of water a quantity of the substance being examined equivalent to	
		about 2mg of chloride ion. Acidify with dilute nitric acid & add 0.5ml of silver	
		nitrate solution. Shake & allow to stand, a curdy white ppt. is formed, which is	
		insoluble in nitric acid but soluble after being well washed with water, in dil.	
		ammonia solution, which is reprecipitated by addition of dil. nitric acid.	



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antacid therapy with examples.

Definition- Antacids are the drugs or preparations which neutralize excess hydrochloric

acid secreted in the stomach.

Because no single antacid meets all the criteria for an ideal antacid several products are in the market containing mixtures of antacids. Most of these combination products are an attempt to-

2 M

1 M

- Balance the constipative effect of calcium & aluminium with the laxative effect of magnesium.
- Some of these products are a mixture of an antacid with rapid onset of action and one with a longer duration of action.
- In another type the antacids are combined with simethicone type of compounds which has antiflatulent action as they are antifoaming agents & causes dispersion of gases.

Some preparations are mixtures of two antacids are as follows:

1. Aluminium hydroxide gel: Magnesium hydroxide combinations:

The USP prescribes two dosage forms suspensions & tablets.

- A) Suspensions:
- -Alumina& magnesia oral suspension
- -Magnesia & alumina oral suspension
- B) Tablets:
- -Alumina & magnesia tablets.
- -Magnesia & alumina tablets.
- 2. Aluminium hydroxide gel: Magnesium trisilicate combinations
- 3. Calcium carbonate- containing antacid mixture
- 4. Algenic acid-Sodium bicarbonate combination
- 5. Simethicone-containing antacid
- 6.Magaldrate
- 7. Aluminium hydroxide gel-Kaolin combinations



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2	b)	Explain Protectives and Adsorbents. Give properties and uses of Kaolin.	1 M
		Protectives and adsorbents are the chemical agents used internally in treatment of	each
		disturbances of gastrointestinal tract like diarrhea & dysentery because they are water	
		insoluble substances and they form a protective coat on the mucosal membrane and offer	
		mechanical protection, furthermore, they adsorb bacterial toxins which are believed to	
		stimulate flow of electrolytes into intestine resulting in watery stools.	
		Examples: Bismuth Sub carbonate, Kaolin etc.	
		Note - Some protectives and adsorbents are used externally.	
		Properties of Kaolin-	
		• It occurs as a soft white or yellowish white powder, odourless and has clay like taste.	
		When moistened with water, assumes a darker color & develops a marked clay-like odor.	
		• Chemically, it is practically inert, since it is insoluble in all the common solvents.	
		Uses-	
		It is used in mixtures intended for treatment in dysentery, diarrhea and for symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of colitic cholers at a second control of the symptometric treatment of the symptometric treatme	
		symptomatic treatment of colitis, cholera etc.	
		• It is employed in the treatment of food and alkaloidal poisoning as it adsorbs toxins.	
		 It also finds use in dusting powder, cosmetic preparations and is an ingredient of Kaolin poultice. 	
		 For the internal use, it is mainly the light Kaolin which is employed. 	
		• It is used as a drying agent for moist sores and infections e.g. weeping eczema, as	
		weeping ulcers.	
		It is also used as a clarifying agent.	
2	c)	Name the three official compounds of Iron along with their molecular formula.	1 M
		Official compounds of Iron-	each
		1. Ferrous sulphate –FeSO ₄ .7H ₂ O	



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		2. Ferrous Gluconate - C ₁₂ H ₂₂ O ₁₄ Fe.2H ₂ O	
		3. Ferrous Fumarate - C ₄ H ₂ FeO ₄	
		4. Ferrous Succinate – C ₄ H ₄ FeO ₄	
		5. Ferric Ammonium citrate – C ₆ H ₈ FeNO ₇	
		6. Dried Ferrous sulphate- FeSO ₄	
		7. Ferric chloride – FeCl ₃	
2	d)	Explain the principle along with reactions involved in limit test for sulphate I.P	
		Principle-	2 M
		This is based upon the interaction of sulphate with barium chloride in presence of dilute	
		hydrochloric acid. This results in the precipitation of sulphate as barium sulphate.	
		Hydrochloric acid is added to prevent precipitation of other acid radicals. Alcohol prevents	
		super saturation & potassium sulphate increases sensitivity of the test when very small	
		quantity of sulphate ions is present. Barium sulphate appears as turbidity. This is compared	
		with standard turbidity. If turbidity produced in test sample is less than standard, it means	
		sample passes test.	
		Chemical Reaction—	1 M
		BaCl2 + SO4	
2	e)	Discuss biological effect of Radiations.	3M
		Biological effect of Radiation	
		The effect of radiation upon biological tissue depends upon a number of factors such as:	
		-Ability of the radiation to penetrate tissue.	
		-The energy of radiation	
		-The kind of tissue	
		-Surface area of the tissue exposed	
		-Dose rate of the radiation	
		The radiation interacts with the molecules present in the tissue & forms abnormal chemical	



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		tissue & initiate the undesirable free radical chain reactions, producing peroxides & other	
		compounds toxic to the tissue .This may lead to necrosis &ultimately destroy the tissue or	
		organ. Water molecules in the tissue are the most probable reactive species in the path of	
		ionizing radiation. Other free radicals & hydrogen peroxides are also formed.	
		$xH_2O \rightarrow xH + xHO$	
		↓ ↓	
		yH_2 yH_2O_2	
		Free radicals formed from water can also abstract radicals from other molecules & produce	
		various toxic species which can alter the DNA in cells & cause cross linking between	
		certain amino acids in proteins. Thus the particular tissue gets destroyed.	
		Alpha particles also have a potential to produce a tremendous amount of ionization or free	
		radicals but the range & penetration of these particles are very slight. Therefore, the	
		isotopes emitting alpha particles must be close enough to the individual for the radiation to	
		reach the skin, in order to get observable effects.	
		Gamma rays have relatively low ionizing power, even though the range & penetrating	
		power of this type of radiation are high enough to produce significant damage in the	
		particular tissue at distances of several meters from the source.	
2	f)	Explain the term 'Inhalants'. Mention uses and properties of carbon dioxide.	1 M
		Definition: Inhalants are gaseous substances directly administered by nasal or oral	each
		respiratory route for its local or systemic effect. OR Inhalants are drugs or chemicals which	
		in vapor form are inhaled in the body.	
		Properties of carbon dioxide-	
		It is colourless, odorless gas.	
		It has faintly acidic taste.	
		• It is soluble in water.	
		• It does not support combustion. However when Mg ribbon burns in atmosphere of	
		CO_2 metal oxide is formed.	
		$2Mg+CO_2$ \longrightarrow $2MgO+C$	
		• CO ₂ when passed in water forms carbonic acid.	



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		$H_2O+CO_2 \longrightarrow H_2CO_3$	
		Uses-	
		It is used as a respiratory stimulant.	
		By combining with oxygen it is used in carbon monoxide poisoning.	
		It is used in treatment of drug addiction.	
		• It is used to prepare dry ice, which is used in minor surgical operation for	
		destroying tissue.	
		It is widely used in beverages industry for preparation of cold drinks	
		It is also used to replace air in some pharmaceutical preparations.	
		 CO₂ inhalation releases persistent hiccups. 	
3		Attempt any FOUR of the following:	12M
			(4X3)
3	a)	Define antioxidants. Discuss properties required of an ideal antioxidant.	
		Antioxidants are the agents which prevent oxidation and deterioration when added to	1 M
		pharmaceutical preparations.	
		Properties of an ideal antioxidant-	2 M
		They should be non-toxic.	
		They should be physiologically & chemically inert (other than the action required to	
		prevent oxidation of active ingredient).	
		They should be physiologically & chemically compatible.	
		They should not have solubility problem	
		They should be effective in very small concentration.	
3	b)	Define the following terms with examples	1.5 M
		i) Expectorants	each
		The drugs or compounds that remove sputum from the respiratory tract are known as	Cucii
		expectorants. These drugs either increase the fluidity of sputum or increase the volume	
		of fluids that have to be expelled from respiratory tract.	
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		Eg – ammonium chloride, potassium iodide	
		ii) Antidotes	
		Antidotes are the agents which are used to reverse, stop or counteract the action of	
		poisons.	
		Eg – sodium nitrite, sodium thiosulphate, activated charcoal.	
3	c)	Explain properties, uses and storage conditions of Hydrogen peroxide.	1 M
		Physical properties:	each
		 It is colourless, odorless, transparent liquid. 	
		It has slight astringent and acid taste.	
		It is miscible with water, alcohol and ether having a weakly acidic reaction.	
		Chemical properties:	
		It oxidizes potassium iodide to iodine and potassium bromide to bromine in	
		acidic medium.	
		When black lead sulphide reacts with hydrogen peroxide, it is oxidized to white	
		lead sulphate.	
		 Hydrogen peroxide reduces silver oxide to metallic silver. 	
		Hydrogen peroxide oxidizes many organic substances like hair, fibers and textiles.	
		Its dilute solution has decolorizing and bleaching actions.	
		Uses-	
		Mild antiseptic.	
		• Disinfectant.	
		 Cleansing agent for cuts & wounds and for loosening ear wax. 	
		• 1.6% solution is used in deodorants, gargles & mouth washes.	
		Antidote in phosphorous & cyanide poisoning.	
		Bleaching agent.	
		Storage condition - It is stored in containers protected from light, in bottles closed with	
		glass stoppers or plastic caps provided with a vent for the escape of oxygen. It is kept	
		in cool place.	
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3	d)	Discuss the role of calcium cation in the body.	3M
		Calcium is one of the essential element required for various functions in the body. Calcium	
		ions are essential for	
		Normal functioning of nervous system	
		Normal cardiac function	
		Contraction of muscles	
		 Formation of bones and certain tissues 	
		Coagulation of blood	
		When there is deficiency of ionized calcium in blood, the condition is known as	
		Hypocalcemia. It is characterized by increased neuromuscular excitability, muscle cramps	
		and convulsions. It may be due to – nutritional deficiencies, hypoparathyroidism, advanced	
		renal insufficiency with hyperphosphatemia and if large volumes of citrated blood are	
		administered.	
		Hypercalcemia is a condition in which high concentration of calcium ions are present in	
		blood. It is characterized by loss of weight, bradycardia, muscular pain, arrhythmia and	
		improper kidney function. Hypercalcemic condition can be associated with various clinical	
		conditions -hyperparathyroidism, hyperthyroidism, milk alkali syndrome, excess of vitamin	
		D and administration of benzothiazide diuretics.	
3	e)	Explain importance of 'Electrolyte Combination Therapy' with special reference to	
		ORS.	
		When patient is unable to take normal diet, the 'Electrolyte Combination Therapy' is used.	1.5 M
		Infusions containing glucose & normal saline are used.	each
		Electrolyte combination products are divided into –	
		i) Fluid maintenance	
		ii) Electrolyte maintenance	
		Fluid maintenance – The solutions of electrolytes are administered intravenously which	
		provide normal requirement of water & electrolytes to the patients who cannot take	
		food orally. All electrolyte infusions contain at least 5% glucose which helps to reduce	



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		metabolites like ure	ea, ketone bodies &	phosphate usually assoc	riated with starvation.	
		Electrolyte mainten	nance - When there	is heavy loss of water ar	nd electrolytes e.g., in	
		vomiting, diarrhea,	, prolonged fever, e	lectrolyte combinations a	are used as replacement	
		therapy. Electrolyt	e combinations & d	ifferent concentrations a	re commercially	
		available as dry po	wders to be dissolv	ed in water or in the form	m of oral electrolyte	
		solutions. Some in	nportant products ar	e Sodium lactate injection	on IP, BP, Compound	
		sodium chloride in	jection IP.			
		ORS is used to supply	water and electroly	tes in amounts needed fo	or maintenance as soon as	
		intake of usual foods ar	nd liquids is discont	tinued, and before seriou	s fluid losses occur.	
		They are also given to	replace mild to mod	lerate fluid loses due to e	excessive vomiting,	
		diarrhoea, or prolonged	l fever.			
		The following three for	rmulations are usua	lly prepared when glucos	se is used, sodium	
		bicarbonate is packed s	separately. The quar	ntities given below are fo	or preparing one litre	
		solution.				
		solution. Composition of ORS	recommended by V	WHO and UNICEF.		
			recommended by V	WHO and UNICEF. FormulaII	Formula III	_
		Composition of ORS			Formula III 3.5 gm	-
		Composition of ORS	Formula I	FormulaII		- -
		Composition of ORS Ingredients Sodium chloride	Formula I 1.0 gm	FormulaII 3.5 gm	3.5 gm	- - -
		Composition of ORS and Ingredients Sodium chloride Sodium bicarbonate	Formula I 1.0 gm	FormulaII 3.5 gm	3.5 gm	- - -
		Composition of ORS of Ingredients Sodium chloride Sodium bicarbonate Sodium Citrate	Formula I 1.0 gm 1.5 gm	FormulaII 3.5 gm 2.5gm -	3.5 gm 2.9 gm	-
		Composition of ORS of Ingredients Sodium chloride Sodium bicarbonate Sodium Citrate Potassium Chloride	Formula I 1.0 gm 1.5 gm 1.5 gm	FormulaII 3.5 gm 2.5gm - 1.5 gm	3.5 gm 2.9 gm 1.5 gm	-
		Composition of ORS of Ingredients Sodium chloride Sodium bicarbonate Sodium Citrate Potassium Chloride Anhydrous Glucose Or glucose	Formula I 1.0 gm 1.5 gm 1.5 gm 36.4 gm 40.0gm	FormulaII 3.5 gm 2.5gm - 1.5 gm 20 gm	3.5 gm 2.9 gm 1.5 gm 20 gm	
3	f)	Ingredients Sodium chloride Sodium bicarbonate Sodium Citrate Potassium Chloride Anhydrous Glucose Or glucose Formula II and III are r	Formula I 1.0 gm 1.5 gm 1.5 gm 36.4 gm 40.0gm	FormulaII 3.5 gm 2.5gm - 1.5 gm 20 gm 22.0gm THO and UNICEF for co	3.5 gm 2.9 gm 1.5 gm 20 gm	1.5 M
3	f)	Ingredients Sodium chloride Sodium bicarbonate Sodium Citrate Potassium Chloride Anhydrous Glucose Or glucose Formula II and III are rediseases.	Formula I 1.0 gm 1.5 gm 1.5 gm 36.4 gm 40.0gm recommended by W	FormulaII 3.5 gm 2.5gm - 1.5 gm 20 gm 22.0gm THO and UNICEF for co	3.5 gm 2.9 gm 1.5 gm 20 gm	1.5 M each



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		It is odourless and has a cooling or saline taste.	
		Slightly hygroscopic, soluble in water, sparingly soluble in alcohol but freely	
		soluble in glycerine.	
		It sublimes on heating.	
		Its aqueous solution is acidic to litmus.	
		It shows reactions of ammonium and chloride radicals.	
		Uses of Ammonium chloride:	
		Expectorant	
		Diuretic	
		 Replaces chloride lost during vomiting or severe sweating. 	
		Systemic acidifier (treatment of metabolic alkalosis)	
		It is also used in the treatment of urinary tract infections.	
,		Attempt any FOUR of the following	12M
			(4X3)
4	a)	Discuss the effects of impurities present in the pharmaceuticals.	3M
		Toxic impurities- These impurities have toxic effect on body if present beyond	
		prescribed limit. E.g lead or arsenic.	
		Impurities which are harmless- These may lower the active strength of the	
		substance. E.g- impurities of sodium salts in potassium salts.	
		• Impurities which affects the storage capacity of pharmaceuticals. E.g- presence of	
		moisture beyond limit may affect the flow property of substance or decompose it.	
		• Impurities causing technical difficulties. E.g presence of carbonate impurity in	
		ammonia solution.	
		Impurities may cause changes in odour, colour, and taste thereby making the	
		substance unethical and unhygienic.	
		Impurities may cause incompatibility with other substances.	
		• Impurities may decrease the shelf life of substances.	
		• Impurities, even when present in traces, may show a cumulative toxic effect after a	
	1	certain period.	



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4	b) Classify antidotes based on mechanism of action. Mention the antidotes for cyanide poison.				
		Antidotes can be classified on the basis of their mechanism of action as follows:	2 M		
		Physiological antidote: It acts by producing the effect opposite to that of poison, or			
		counteract the effect of poison physiologically. E.g. Sodium nitrite used in cyanide			
		poisoning. It converts hemoglobin into methaemoglobin in order to bind cyanide poison.			
		 Chemical antidote: It acts usually by combining with the poison and thus changes 			
		the chemical nature and detoxifies the poison. E.g. sodium thiosulphate used in			
		cyanide poisoning. It converts the toxic cyanide ion to non-toxic thiocyanate ion.			
		Mechanical antidotes: These usually act by adsorption of poison & thus preventing			
		its absorption in the body or expelling out the poison by emesis or elimination			
		through urine. E.g. Activated charcoal.			
		Sodium nitrite and sodium thiosulphate are used as antidotes for the treatment of	1 M		
		cyanide poisoning.			
4	c)	Define mEq/L. Calculate the mEq of sodium chloride in one litre of 0.90% w/v	3 M		
		solution.			
		It is defined as milliequivalent of electrolyte present per litre of solution & used to express			
		concentration of electrolytes in the body fluids or any electrolyte replenisher.			
		$mEq/l = \underline{mg \text{ of substance}/L}$			
		equivalent weight			
		Equivalent weight = $\underline{\text{molecular weight}}$			
		Valency			
		0.9% w/v NaCl = 0.9 g in 100 ml			
		So, 1000 ml contains 9 g of NaCl			
		On conversion into mg , $9 g = 9000 mg$			
		Molecular wt. of NaCl = 58.5			



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			-
		mEq/L = 9000 = 153.84	
		58.5	
		As the number of sodium ions is equal to number of chloride ions, therefore concentration	
		of each ion is equal, ie, 153.84 mEq Na ⁺ / lit & 153.84 mEq Cl ⁻ /	
4	d)	Enlist the various units used to measure radioactivity.	3M
		 Curie- The basic unit of radioactivity is curie, symbolised as "C". 	
		The subunits of Curie are called as Milli curie and Micro curie.	
		Rad (Radiation absorbed dose)	
		Roentgen	
		Relative biological effectiveness or RBE	
		REM (Roentgen equivalent man).	
4	e)	Explain the importance of use of the following reagents:-	1 M
		i) Thioglycollic acid in iron limit test IP.	each
		Thioglycolic acid acts as a reducing agent and reduces ferric ion impurity(if any) to ferrous	
		ion & then acts as a complexing agent to form a purple colored ferrous thioglycolate	
		complex by reacting with ferrous ion.	
		ii) Barium chloride in sulphate limit test IP.	
		Barium chloride reacts with sulphate in presence of dilute HCl to form barium sulphate	
		precipitate. The turbidity of test solution is compared with the standard solution.	
		iii) Mercuric chloride Paper in Arsenic limit test IP.	
		In the Arsenic limit test IP, Arsine gas reacts with mercuric chloride paper to produce	
		yellow stain of mercuric arsenide. The stain of test is compared with standard stain.	
4	f)	Define buffers. Explain mechanism of action of buffers.	
		Definition-The solutions that resist changes in pH values upon addition of small amounts of	1 M
		acids and bases are called buffer solutions.	
		Mechanism of action of buffers-	2 M
		Acidic buffer- Let us consider acidic buffer containing acetic acid and sodium acetate. The	
		acetic acid is a weak electrolyte and sodium acetate a strong electrolyte. So, the dissociation	
		of acetic acid is suppressed due to the common ion that is acetate ion. The result is that the	



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solution contains less hydrogen ions and more sodium and acetate ions.

When a small quantity of acid is added, H⁺ combines with CH₃COO⁻ and forms undissociated acetic acid.

$$H^+ + CH_3COO^- \leftrightarrow CH_3COOH$$

When small quantity of base is added, the OH are neutralized by acetic acid and the pH does not change.

$$OH^- + CH_3COOH \leftrightarrow H_2O + CH_3COO^-$$

Basic buffer- Ammonium hydroxide and ammonium chloride buffer- On addition of small quantity of base, OH combines with NH₄ and pH does not change.

$$OH^- + NH_4^+ \leftrightarrow NH_4OH$$

If small quantity of acid is added, NH₄OH neutralizes it.

$$H^+ + NH_4OH \leftrightarrow NH_4^+ + H_2O$$

E.g. Phosphate buffer system contain

- H₂PO₄ act as a weak acid i)
- HPO₄-2 act as a base ii)

In non-buffered solution, if small amount of HCl is added, it will ionize to hydronium ion and chloride (Cl⁻⁾ resulting in remarkable lowering of pH

$$HCl + H_2O \longrightarrow H_3O^+ + Cl^-$$

If small amount of HCl is added to buffered solution H₃O⁺ ion will react with the base and converted in to weak acid.

$$H_3O^+ + H_2PO_4^{-2} \longrightarrow H_2PO_4^- + H_2O^-$$

Weak acid

If small amount of NaOH is added to non-buffered solution, it will ionized to hydroxide ion (OH⁻) and Na⁺, hence it will increase pH of preparation.

If small amount of NaOH is added to solution containing phosphate buffer, hydroxide ion



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		will react with weak acid and converted in to weak base.	
		$OH^- + H_2PO_4^- \longrightarrow HPO_4^{-2} + H_2O$ Weak acid	
5		Attempt any FOUR of the following	12M (4X3)
5	a)	Which salt is commonly used in Sodium Replacement Therapy? Mention various	(1210)
		preparations containing it.	
		Sodium chloride is used commonly in Sodium Replacement Therapy.	1 M
		Various preparations containing it are-	2 M
		Sodium Chloride Eye Lotion (B.P.)	
		Sodium Chloride Solution (B.P.)	
		• Sodium Chloride Injection (I.P., B.P.): (Sodium chloride intravenous infusion)	
		Sodium Chloride Hypertonic Injection (I.P.):(Hypertonic saline)	
		Sodium Chloride Tablets (B.P.)	
		Sodium Chloride and Dextrose Injection (I.P.)	
		(Sodium chloride and dextrose intravenous infusion)	
		Mannitol and Sodium Chloride Injection (U.S.P.)	
5	b)	Discuss the various handling and storage conditions for Radioisotopes.	3M
		Great care must be taken in handling and storage of radioactive materials. This is to protect	
		people and personnel who handle it from harmful radiations which the radioactive material	
		emits. Certain precautions to be taken while working with materials, detectors, in	
		experiments, in radio assays and in handling are as follows:	
		Radioactive materials should never be touched with hands but handled with the	
		help of forceps.	
		Smoking, eating and drinking activities should not be carried out in laboratory	
		where radioactive materials are stored.	



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		Sufficient protective clothing must be used while handling the radioactive material.	
		Radioactive materials should be stored in suitable labelled container shielded by	
		lead bricks and preferably in remote area.	
		 Areas where radioactive materials are stored should be monitored regularly. 	
		There should be a proper disposal of radioactive material.	
5	c)	Discuss Lowry-Bronsted Theory for acid and base with examples. Explain its	
		advantages over Arrhenius Acid-Base theory.	
		According to Bronsted Lowry concept, an acid is any substance capable of donating a	2 M
		proton in a chemical reaction. A base is any substance capable of accepting a proton in a	
		chemical reaction. An acid is a proton donor and a base is a proton acceptor. This theory is	
		also called Protonic concept.	
		According to this concept, Bronsted acid ionizes to produce a proton and the conjugate base	
		of the acid. This can be shown in following half reaction:	
		$HCl \rightarrow H^+ + Cl^-$	
		Bronsted base accepts a proton & forms conjugate acid. This is shown by:	
		$OH^- + H^+ \rightarrow H_2O$	
		Advantages over Arrhenius theory-	1 M
		i) It can explain the basic character of substances like Na ₂ CO ₃ , NH ₃ i.e. which do not	1 M
		contain OH group and hence were not bases according to Arrhenius concept on the basis	
		that they accept protons.	
		ii) This concept is not limited to molecules but also covers even the ionic species to act as	
		acids or bases.	
		iii) It can also explain the acid-base reactions in the non-aqueous medium.	



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5	d)	Mention the synonyms and uses of:-	1 M
		(i) Hydrochloric acid-	each
		Synonym-muriatic acid or spirits of salt, acidum hydrochloricum	
		Uses-	
		Hydrochloric acid as such cannot be used as medicine.	
		The dilute hydrochloric acid is used as acidifying agent in the treatment of	
		achlorhydria.	
		It is also used as a solvent in numerous industries.	
		Also used as laboratory reagent.	
		(ii) Sodium bicarbonate-	
		Synonym- Baking Soda	
		Uses-	
		It is used as an alkalizing agent to combat systemic acidosis; it is used as an	
		electrolyte replenisher.	
		Used as a soluble type of antacid.	
		It is an ingredient of effervescent powder.	
		(iii) Zinc Sulphate-	
		Synonym- white vitriol	
		Uses-	
		• Zinc sulphate solutions in 0.1 -1% is used as ophthalmic astringent, in 0.25-1.5% for	
		topical application as astringent.	
		Solution of zinc sulphate is employed in protein precipitation for preparation of	
		some vaccines.	
		 Zinc sulphate may be used internally as an emetic. 	
		 Insoluble zinc sulphate are mainly used as protective and are used in bandages, 	
		adhesive tapes etc.	
5	e)	Enlist various Iodine preparations. Explain role of Iodine in body.	
		 Aqueous Iodine Solution -It is known as Lugol's solution. 	2 M
		Weak Iodine Solution	



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			-
		Strong Iodine Solution	
		Iodine tincture	
		Iodine ointment	
		Phenolated iodine solution	
		Povidone-iodine-It is a member of a class of compounds known as iodophors.	
		Role of iodine in body-	1 M
		Iodine plays an important role in synthesis of two important thyroid hormones	
		known as tri – iodothyronine (T_3) and thyroxin. (T_4)	
		It is essential for normal growth and development and play important role in the	
		energy metabolism.	
		The important function of thyroxin is to increase the metabolic rate through	
		increasing the oxidative process in the body.	
		Deficiency of thyroid hormone causes hypothyroidism.	
		The conditions in which metabolic processes are slowed down are goiter and	
		cretinism.	
		Increase in secretion of thyroid hormone results in hyperthyroidism.	
5	f)	Explain the theory involved in the assay of hydrogen peroxide with reactions.	
		Theory: This assay is based upon the oxidation –reduction type of titration in which	2 M
		solution of potassium permanganate acts as an oxidizing agent and hydrogen peroxide in	
		presence of strong oxidizing agent like potassium permanganate acts as reducing agent.	
		The potassium permanganate solution acts as self-indicator.	
		The ability of potassium permanganate solution to oxidize is due to the conversion of the	
		MnO ₄ to Mn ⁺⁺ in acidic solution. MnO ₄ are purple in colour & solution of salts containing	
		Mn ⁺⁺ are colourless, hence permanganate solution is decolorized by reducing agent like	
		hydrogen peroxide. The moment there is an excess addition of potassium permanganate;	
		solution becomes purple at the end point.	
		CHEMICAL REACTION FOR ASSAY:	1 M
		$2KMnO_4 + 3H_2SO_4 + 5H_2O_2 \rightarrow K_2SO_4 + 2MnSO_4 + 5O_2\uparrow + 8H_2O$	



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6		Attempt any FOUR of the following	16M
			(4X4)
6	a)	Enlist the various sources of impurities found in pharmaceutical substances.	
		Describe any two.	
		Sources of impurities in pharmaceuticals.	2 M
		Raw materials used in manufacturing	
		Processes used in the manufacturing	
		Material of plant	
		Storage conditions	
		Accidental substitution or deliberate adulteration	
		Manufacturing hazards	2 M fo
		-Raw materials used in manufacturing - Traces of impurities in raw materials may be	any
		carried to contaminate the final product. Example - NaCl prepared from the rock salt	two
		will almost certainly contain traces of Ca & Mg compounds.	descri
		-Processes used in the manufacturing – Some impurities are incorporated during the	tion
		manufacturing process. This may occur due to –	
		a) Reagents used in the process	
		b) Reagents added to remove the other impurities.	
		c) Solvents – Water is the cheapest solvent available and widely used. Tap	
		water has chloride ions, carbonate ions, sulphate ions, calcium ions,	
		magnesium ions and sodium ions as impurities in very small amounts.	
		d) The intermediate products may come along the process in the final product as impurity.	
		-Material of the plant – The vessel used in the manufacturing process is generally made	
		of metal like iron, copper, zinc, nickel, aluminum and steel. Due to solvent action on the	
		plant material, the traces of material i.e. impurities come in the product. The water pipe	
		and steam pipe may contain lead and hence Pharmacopoeias prescribe limit test for	



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Lead.

-Storage conditions –

- a) Filth- Stored product may become contaminated with dust, insects and insect excreta.
- b) Decomposition of the product during storage Many chemical substances undergo changes and decomposition due to careless storage. E.g. – Ferrous Sulphate is slowly converted into insoluble ferric oxide by air and moisture.
- -Accidental substitution or deliberate adulteration Accidental substitution can take place if toxic substances are stocked with other substances or compounds. Some pharmaceutical products may be adulterated with cheaper substances. Example – Honey may be adulterated with commercial sugar, acacia powder with clay and potassium bromide with sodium bromide.
- -Manufacturing Hazards Even in well run manufacturing companies, product contamination may arise due to existence of certain hazards.
- a) Particulate contamination accidental inclusion of dirt, glass, porcelain, metallic or plastic fragment from sieves, granulating, tableting and filling machines or even from product containers may occur.
- b) Process error Gross errors due to incomplete mixing in liquid preparations must be detected by normal analytical procedures.
- c) Cross contamination the handling of powders, granules and tablets in large quantity create considerable amount of airborne dust and may lead to cross contamination.
- d) Microbial contamination liquid preparations and creams for topical application are prone to bacterial, fungal and mold contamination. Special care should be taken in parenteral and ophthalmic preparation to avoid microbial contamination.
- e) Packaging errors products of similar appearance as tablets of same size, color and shape packed in similar containers may lead to mislabeling.



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6	b)	Define 'Topical Agents'. Classify them with examples.	
		Definition: Topical agents are the compounds that act locally on skin or mucous	1 M
		membrane, their action is of different types depending upon the nature of compound and its	
		chemical properties & they mainly act by mechanical or physical mechanism.	
		Classification:	
		1) Protectives and adsorbents: e.g. Talc, Calamine, Zinc Oxide, Titanium Dioxide, silicone	3 M
		polymers.	
		2) Anti-microbial agent: They are further classified based on their mechanism of action:-	
		a) Acting by oxidation e.g. Hydrogen peroxide solution, potassium permanganate.	
		b) Acting by halogenation e.g. Iodine and iodine preparation, chlorinated lime.	
		c) Acting by protein precipitation e.g. Boric acid, Silver and Silver compounds,	
		Mercury compounds.	
		3) Astringent: e.g. Alum, Aluminum chloride, Zinc Sulphate, Zinc chloride	
		4) Miscellaneous agent: e.g. Sulphur and sulphur compounds, Selenium Sulphide.	
		4) Wiscentaneous agent. e.g. Sulphur and sulphur compounds, Selemum Sulphue.	
		4) Wiscenaneous agent. e.g. Suiphur and suiphur compounds, Selemum Suiphide.	
6	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved.	
6	c)		4 M
5	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved.	4 M
6	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. <u>Limit Test for Arsenic:</u>	4 M
6	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: • Arsenic is an undesirable and harmful impurity in medicinal substances, and all	4 M
5	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: • Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it.	4 M
5	c)	Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: • Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. • The Pharmacopoeial method is based on the Gutzeit test.	4 M
5	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted 	4 M
5	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted to arsenic acid. 	4 M
6	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted to arsenic acid. The arsenic acid is reduced, by reducing agents (like potassium iodide, stannated) 	4 M
5	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted to arsenic acid. The arsenic acid is reduced, by reducing agents (like potassium iodide, stannated acid, etc.) to arsenious acid. 	4 M
5	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted to arsenic acid. The arsenic acid is reduced, by reducing agents (like potassium iodide, stannated acid, etc.) to arsenious acid. The nascent hydrogen produced during the reaction, further reduces arsenious acid 	4 M
6	c)	 Discuss Arsenic Limit Test IP along with the apparatus used and reactions involved. Limit Test for Arsenic: Arsenic is an undesirable and harmful impurity in medicinal substances, and all Pharmacopoeias prescribe a limit test for it. The Pharmacopoeial method is based on the Gutzeit test. When the sample is dissolved in acid, the arsenic present in the sample is converted to arsenic acid. The arsenic acid is reduced, by reducing agents (like potassium iodide, stannated acid, etc.) to arsenious acid. The nascent hydrogen produced during the reaction, further reduces arsenious acid to arsine (AsH₃ gas), which reacts with mercuric chloride paper, producing a yellow 	4 M



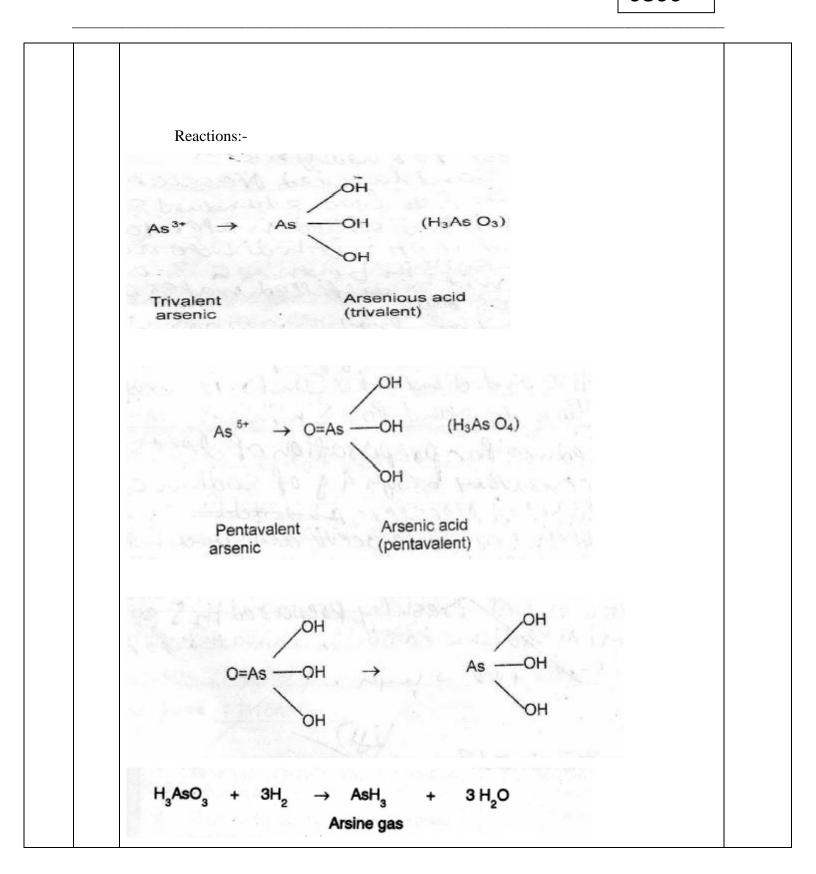
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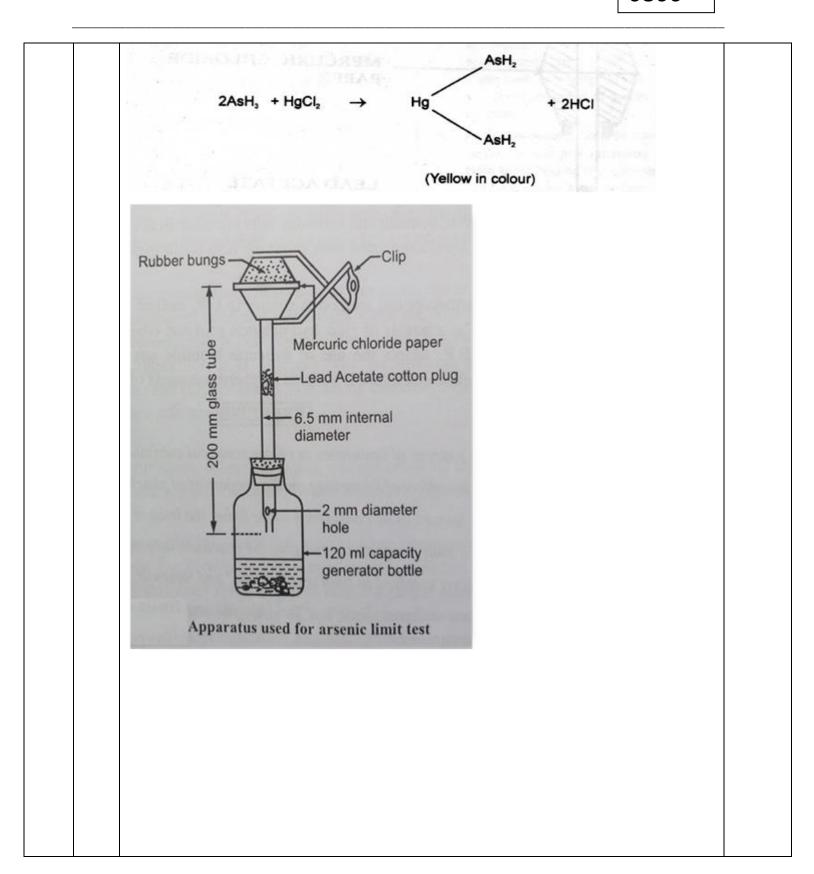


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5	d)	Enlist the major anions and cations found in body fluids. Explain how physiological	2 N
		acid-base balance is maintained.	eac
		Major cations-	
		Sodium	
		• Potassium	
		• Calcium	
		• Magnesium	
		Major anions-	
		• Chloride	
		• Sulphate	
		• Phosphate	
		Bicarbonate	
		Physiological acid-base balance-	
		The acid base balance in the body is well regulated by intricate mechanism. A number of	
		chemical reactions takes place in the cell and the reactions occurring inside is greatly	
		influenced by pH or hydrogen ion concentration.	
		Acids are being constantly produced in process of metabolism. E.g. carbonic acid, lactic	
		acid.	
		Acids or alkalis produced in the body may cause change in pH. Most of metabolic reactions	
		occur between body pH 7.38-7.42.	
		Required pH (7.38-7.42) of plasma is maintained by:	
		1) Buffering system: Three major systems of buffering system occurring in the body are:	
		a) HCO ₃ ⁻ / H ₂ CO ₃ found in plasma & kidneys	
		b) HPO ₄ / H ₂ PO ₄ ⁻ present in cells & kidneys	
		c) Protein or Hb buffer system	
		2) Respiratory mechanism	
		The other important pH control is through the control of respiratory centre. When this is	
		stimulated, it alters the rate of breathing. Through the rate, the removal of CO ₂ from body	
		fluid leads to the changes in pH of blood. Retention of CO ₂ in the body due to decrease in	
		ventilation as a result of mechanical/muscular impairment, lung disease, pneumonia, CNS	



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		depression due to narcotic drugs, CHF etc. induces respiratory acidosis This can be	
		overcome by renal mechanism by :	
		i) Increase in acid excretion by Na ⁺ - H ⁺ exchange	
		ii) Increase in ammonia (NH ₃) formation	
		iii) Increase in reabsorption of HCO ₃ ⁻ (bicarbonate)	
		In respiratory alkalosis, there is excess loss of CO ₂ from body due to over breathing or	
		hyperventilation as a result of emotional factors, fever, hypoxia, loss of appetite, salicylate	
		poisoning etc. This can be overcome by renal mechanism by:	
		i) Increase in bicarbonate (HCO ₃ ⁻) excretion	
		ii) Decrease in ammonia (NH ₃) formation	
		iii) Decrease in reabsorption of HCO ₃ ⁻ (bicarbonate)	
		3) Renal mechanism	
		The third mechanism is via elimination of some ions through urine by kidney.	
		Absorption of certain ions and elimination of other ions control the acid-base balance of	
		blood and thus of body fluids.	
5	e)	Classify the G.I.T. agents with examples. Discuss uses and properties of Bismuth	
		Sulphate.	
		Classification -	2 M
		Acidifying agent: Dilute Hydrochloric Acid	
		Antacid: Aluminum Hydroxide, Aluminum Phosphate, Basic aluminum carbonate,	
		Magnesium carbonate, Magnesium oxide, Magnesium hydroxide, Magnesium	
		trisilicate, Calcium carbonate, Calcium Phosphate, Sodium bi-carbonate etc.	
		Protective and Adsorbent: Bismuth Sub carbonate, Bismuth sub nitrate, Kaolin,	
		Milk of bismuth	
		Cathartics –They are further classified as-	
		Cathartics –They are further classified as- i) Stimulant ii) Bulk purgative iii) Lubricants iv) Saline cathartics	



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MODEL ANSWER

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		Properties of Bismuth subcarbonate -	1 M
		It is available as white or pale yellowish white tasteless powder.	1 1/1
		• It is stable in air but is affected by light.	
		It is insoluble in alcohol and water but dissolves with effervescence in HCl or INSO	
		HNO ₃ .	
		When ignited, it decomposes into yellow bismuth trioxide.	
		Uses of Bismuth subcarbonate -	1 M
		Bismuth sub carbonate mainly acts as antidiarroheal by protective-adsorbent	
		mechanism.	
		Since bismuth subcarbonate is basic and water insoluble it also acts as antacid.	
		The small amount of solubility of bismuth cation exerts a mild astringent and	
		antiseptic action.	
		It can be used as a topical protective in lotions & ointments.	
6	f)	Explain Radio-opaque Contrast Media. Discuss Synonym, Properties and Uses of	1 M
		Barium Sulphate.	each
		Radio-opaque contrast media- are the chemical compounds which have the ability to	
		absorb X-rays & block the passage of X-rays. Thus, they are opaque to x-ray examination,	
		such compounds & their preparations are called as radio opaque contrast media. X-rays are	
		electromagnetic radiation of short wavelength & thus have high penetrating power. They	
		are capable of passing through most soft tissues since they are made of elements of low	
		atomic no. like carbon, hydrogen, oxygen, nitrogen. The X rays darken the photographic	
		film or photosensitive plate. The darkening is proportional to the number of X rays that	
		pass through the patient's body. Bones & teeth containing elements like calcium &	
		phosphorus having high atomic number are the only type of tissues which appear light on	
		the exposed X ray film. This helps in diagnosis of fractures. X ray contrast media are used	
		as diagnostic aids in radiology for malfunctions in the GIT.	
		Synonym- Shadow meal/ Barium meal.	
		Properties-	
		• It is a fine, white, odourless, tasteless & bulky powder that is free from grittiness.	
		• The salt is insoluble in water, organic solvents & dilute acid & alkalis.	



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MODEL ANSWER

WINTER-17 EXAMINATION

Subject Title: PHARMACEUTICAL CHEMISTRY-I

Subject Code: 0806

It is soluble in concentrated H₂SO₄ $BaSO_4 + H_2SO_4 \rightarrow Ba(HSO_4)_2$

It can be solubilized with sulphuric acid or by fusing it with alkali carbonates. Once it is converted to carbonates, it reacts with acids easily.

Uses-

- It is used for preparation of barium sulphate compound powder & also as a contrast medium for x-rays examination of the alimentary tract. It is administered orally or in the form of enema.
- Barium sulphate is ingested for use in GIT, in the form of a suspension usually with flavouring & suspending agents (200-300g orally). It is given by enema in a dose of 400 - 750 g rectally for the examination of colon.