



To describe the synthesis, receptors and functions of histamine, eicosanoids ,nitric oxide , angiotensin, kinins & 5-HT

To study the agents which enhance or block their effects







HISTAMINE RECEPTORS

Receptor Type	Major Tissue Locations	Major Biologic Effects
H ₁	smooth muscle, endothelial cells,	acute allergic responses
H ₂	gastric parietal cells, Cardiac muscle,	secretion of gastric acid
H ₃	central nervous system	neurotransmission
H ₄	mast cells, eosinophils, T cells	regulating immune responses





Histamine stimulates gastric acid secretion, through H₂- receptors



Stimulation of H₁receptors contract smooth muscles, bronchioles ,uterus

Increases bowel peristalsis



Bronchoconstriction







Slow IV or SC injection causes flushing of skin, raises temperature, increases blood flow to the periphery, increases heart rate & CO

Rapid IV bolus injection induces a fall in blood pressure , an increase in CSF pressure , headache, due to dilation of blood vessels

Intradermal injection causes itching





HISTAMINE RECEPTOR BLOCKERS 06

HISTAMINE H1 RECEPTOR BLOCKERS

First generation

Diphenhydramine, promethazine

Second generation

Citrizine, fexofenadine









H3- RECEPTOR BLOCKERS

BETAHISTINE

It produces dilatation of blood vessels in inner ear

Used in treatment of:-

Vertigo and balance disturbances







"An aspirin a day will help prevent a heart attack if you have it for lunch instead of a cheeseburger."











PROSTACYCLIN VERSUS THROMBOXANE

platelets arachidonic acids vessel wall COX cyclic endoperoxides (PGG2, PGH2) prostacyclin synthetase thromboxane synthetase THROMBOXANE PROSTACYCLIN antiaggregating efect aggregagating efect vasodilatation vasoconstriction

CLINICAL USES OF PGS ANALOGS 16



NITRIC OXIDE







NO MECHANISM OF ACTION









Inhibition of platelet and monocyte adhesion and aggregation

Protection against atherogenesis

Inhibition of smooth muscle proliferation

Host defense and **cytotoxic** effects on pathogens

Cytoprotection













ACTIONS OF ANGIOTENSIN II

Promotes vasoconstriction directly or indirectly by releasing NA & AD

Increases force of contraction of the heart by promoting calcium influx

Increases aldosterone release → sodium & water retention



Causes hypertrophy of vascular and cardiac cells and increases synthesis and deposition of collagen by cardiac fibroblasts (remodeling)



ACE inhibitors: captopril, enalapril

Angiotensin receptor blockers (ARBs): losartan, valsartan



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"No, taking an ACE inhibitor won't hurt your poker game."



ANGIOTENSIN RECEPTOR BLOCKERS 27

Angiotensin receptors AT I & AT II

AT 1 receptors predominate in vascular smooth muscle, coupled to G proteins

Similar uses to ACEI















THERAPEUTIC USES

No current therapeutic use of bradykinin

Increased bradykinin is implicated in the therapeutic efficacy and cough produced by ACEIs











DISTRIBUTION

1] Intestinal wall ,in chromaffin cells, in neuronal cells in the myenteric plexus



12]Blood, in platelets, released when aggregated, in sites of tissue damage

43]CNS:-a neurotransmitter, in midbrain





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GIT:-5-HT increases motility

Contracts uterus, bronchiole ,other smooth muscles

Blood vessels:-

Contracts large vessels by a direct action & relaxes other vessels by releasing NO

Increases capillary pressure & permeability





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Platelets:- causes aggregation, aggregated platelets release 5-HT

4Neuronal terminals:- 5-HT stimulates nociceptive neuron endings \rightarrow pain

CNS;-stimulates some neurons & inhibits others, inhibits release of other neurotransmitters

5-HT RECEPTOR & GONISTS

4Buspirone :-5-HT_{1A} agonist, effective anxiolytic



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Cisapride:-5-HT4

-receptor agonist, used in gastroesophageal reflux & motility disorders. Gastroesophageal reflux disease



4Selective 5-HT3 antagonist, **Ondansetron**, antiemeti c action, for cancer chemotherapy





CLINIC&L CONDITIONS IN WHICH 5-HT IS IMPLIC&TED



1-MIGRAINE







5-HT1B,1D &1Freceptor agonist , effective in acute migraine attack

It binds to 5HT1B, in cranial blood vessels causing vasoconstriction & 1D & 1F in presynaptic trigeminal nerve causing inhibition of pro inflammatory neuropeptide release



2- CARCINOID SYNDROME

A malignant tumor of intestinal chromaffin cells

The tumor releases 5-HT, SP, PGs, kinins & histamine causing flushing ,diarrhea, bronchoconstriction & hypotension

Serotonin antagonists (cyproheptadine, 5HT2 antagonist) could be administered to control diarrhea ,flushing & malabsorption.

