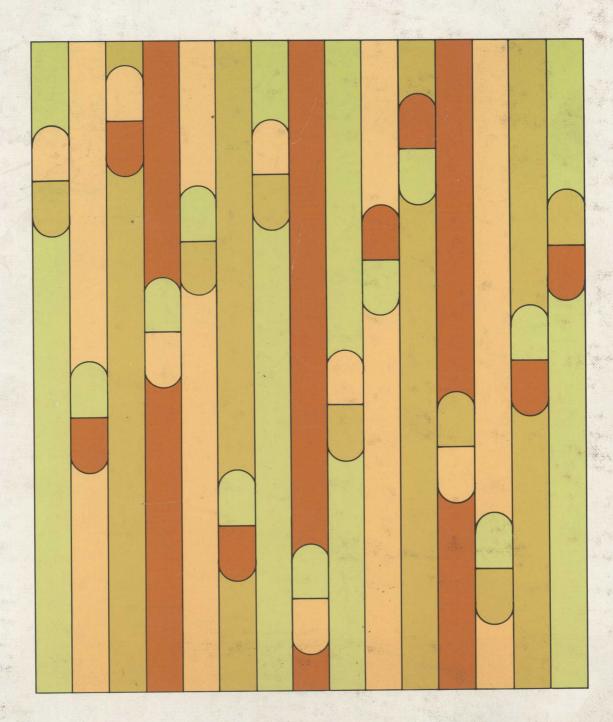
Modern Pharmacology

Charles R. Craig, Ph.D. Robert E. Stitzel, Ph.D.



MODERN PHARMACOLOGY

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PREFACE

Modern Pharmacology was conceived as a teaching text, that is, a text written, organized, and edited specifically to fill needs identified by faculty and students in the health sciences. In determining the extent of detail and depth of analysis with which any topic would be treated, the editors have been guided by their conviction that, unlike a reference work or a supplementary manual, a teaching text should simultaneously fulfill two obligations:

- To focus attention on the underlying principles of the discipline in order to facilitate and encourage a student's subsequent understanding of more specialized topics; and
- 2. To make easily and clearly accessible the most current and authoritative information on major issues in the field.

In Modern Pharmacology, readers will find the discussion of therapeutic agents sufficiently detailed to ensure accuracy and clarity without a counterproductive proliferation of detail. The extensive introductory section on general principles is intended to guarantee that the student's understanding of specific drugs will be grounded in the fundamentals of receptor theory, pharmacokinetics, and toxicology. In addition to the emphasis on general principles in the introductory section and throughout individual chapters, we felt that certain other topics needed to be covered in more detail than is usually the case in textbooks of pharmacology. For example, we have found that the role played by α and β adrenoceptors, both in normal autonomic regulation and following modulation by sympathetic agonists and antagonists, often involves concepts that initially are difficult for stu-

dents to grasp. We have, therefore, discussed these receptors from a number of viewpoints in different chapters within Parts II (Drugs Affecting the Autonomic Nervous System) and III (Cardiovascular Drugs). The functioning of receptors in normal sympathetic nervous system control is covered in Chapter 9 (Introduction to the Autonomic Nervous System); their activation by drugs is discussed in Chapter 11 (Sympathomimetic Drugs); their blockade is examined in Chapter 12 (Adrenoceptor Antagonists); and, finally, their modification by antihypertensive agents is thoroughly analyzed and summarized in Chapter 23 (Pharmacological Treatment of Hypertension). We feel that such reemphasis, especially when placed in the conceptual framework of physiological and pharmacological control and intervention will allow the student to fully comprehend the importance of these receptors in the clinical management of disease. Furthermore, the underlying mechanisms responsible for the appearance of certain side effects (e.g., orthostatic hypotension, gastrointestinal hypermotility and hypomotility, augmented salivary and pulmonary secretion, etc.) will be appreciated more easily.

Other areas that we believe have not received sufficient discussion in other texts include antiarrhythmic agents, antihypertensive drugs, contemporary drug abuse, antiasthmatic drugs, topical drug use, antirheumatic and antiinflammatory compounds, the principles underlying cancer chemotherapy, and new methods of drug delivery. These areas have been singled out for comprehensive discussion either in expanded chapters (Chapter 18, Pharmacology of Antiarrhythmic Drugs; Chapter 23, Pharmacological Treatment of Hypertension; Chapter 42, Contemporary Drug Abuse: Chapter 56, The Rational Basis for Cancer Chemotherapy) or in separate chapters that have unified material that other texts have discussed only briefly in disparate chapters (Chapter 6, Bioavailability, Dosage Regimens, and New Delivery Systems; Chapter 69, Pharmacological Control of Asthma; Chapter 70, Antiinflammatory and Antirheumatic Agents; Chapter 71, Drugs Used in

Dermatological Disorders). The latter approach is especially well illustrated in Chapter 71, which begins with a description of normal skin anatomy and physiology, progresses to the general principles of percutaneous drug transport, analyzes the utility of local versus systemic therapy, and then discusses the specific topical applications of previously mentioned classes of therapeutic agents. Chapters developed in this way provide an emphasis and focus not often evident in more general discussions of pharmacological activity.

In writing this textbook we have been guided by our view, which is consistent with that of other faculty in the United States as well as in other countries (most recently expressed at The Teaching and Learning in Pharmacology Symposium at the 1981 Eighth International Congress of Pharmacology in Tokyo), that there was still a need for a textbook of pharmacology, in addition to those currently available. Many teachers of pharmacology felt that such a book must avoid two pitfalls. It must not be so detailed that students are overwhelmed by the volume of material to be mastered, and it must not be so brief and simplistic that students are deprived of the fundamental background material (e.g., general principles and reviews of appropriate basic physiology) necessary for a broad understanding of drug therapy.

The contributors to *Modern Pharmacology* were chosen for their ability to balance the need for brevity, clarity, and accuracy without sacrificing essential depth. In general, each chapter has been written by individuals who teach *and* do research in the areas they have written about. In addition, each chapter has been reviewed and evaluated for completeness and relevance by other prominent authorities on that particular topic.

We hope that both faculty and students find that we have achieved our goals and that this book is an aid in learning about drugs currently available and in providing the background for the evaluation of compounds yet to be discovered.

C. R. C. R. E. S.

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In addition to the above individuals we would like to thank our resident grammarian, Dr. Judith Stitzel; our medical illustration department, including Virginia S. Swecker, Marianne Peterson, and Barbara Gould; our library assistant, David L. Stitzel; and past and present members of our efficient and hardworking office staff, Louise Shepherd, Debra Dorinzi, Cheryl Zambito, Ellen Teicheira, Virginia Dwire, Pamela Giuliani, Hazel Fedro, and Thomas McBee. Lastly, we acknowledge the contributions of our wives, Margaret Craig and Judith Stitzel, who supported our efforts throughout the three years of this project.

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MODERN PHARMACOLOGY

NOTICE

The indications and dosages of all drugs in this book have been recommended in the medical literature and conform to the practices of the general medical community. The medications described do not necessarily have specific approval by the Food and Drug Administration for use in the diseases and dosages for which they are recommended. The package insert for each drug should be consulted for use and dosage as approved by the FDA. Because standards for usage change, it is advisable to keep abreast of revised recommendations, particularly those concerning new drugs.

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GENERAL PRINCIPLES OF PHARMACOLOGY

Beer Beer Section

DEVELOPMENT OF PHARMACOLOGICAL THOUGHT

ROBERT E. STITZEL

To understand a science, one has to know its history and development. It should be useful, then, and we hope entertaining, for students to understand the background and underlying assumptions of *pharmacology*, a discipline which defines itself in simple yet all-encompassing terms: the study of the interaction of chemicals with biological systems.

One of the earliest concerns of mankind was a desire for protection against the evils of disease and suffering. Since the conquering of these afflictions often determined survival and since the current state of knowledge did not permit the rational use of drugs (chemical entities, both endogenous and foreign, that are capable of reacting with biological systems), it should not be surprising that additional help was sought from supernatural powers. This was especially true of the ancient Greeks who believed that it was by whim that the gods dispensed prosperity or pestilence. Thus, early in human history a natural bond was formed between religion and the use of drugs. Those who became most proficient in the use of drugs to treat disease were the "mediators" between this world and the spirit world, namely, the priests, shamans, holy persons, witches, and soothsayers. Much of their power within the community was derived from the cures that they could effect with drugs. Clearly then, these individuals were simultaneously the first physicians and the first pharmacologists.

Originally, religion dominated its partnership with *therapeutics* (the application of chemical sub-