# **AS PER PCI REGULATIONS**

THIRD YEAR B. PHARM. SEMESTER-VI

# EXPERIMENTAL PHARMACOLOGY-III

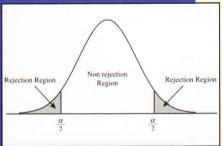
Dr. GHANSHYAM PANIGRAHI

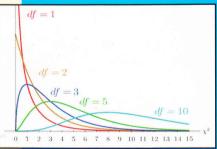
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# **Experiment No. 4**

## STUDY OF EFFECT OF DRUGS ON GASTROINTESTINAL MOTILITY

(Chapter contributed by Dr. Ghanshyam Panigrahi and Dr. Arjun Patra)

### Purpose:

At the end of practical class, the students shall be able to:

- Know about the mechanism of gastrointestinal motility.
- 2. Know the effect of different drugs on gastrointestinal motility.
- Know the different animal models used for screening of drugs acting on the gastrointestinal motility.

#### Terminology:

**Gastrointestinal Motility:** Gastrointestinal (GI) motility is an essential function of digestive and absorptive processes of the gut, required for propelling intestinal contents, mixing them with digestive juices, and preparing unabsorbed particles for excretion.

#### Description:

With the exception of the upper one third of the esophagus and the external anal sphincter, the muscular layers of the bowel wall are made up of smooth muscle cells. Like striated muscles, smooth muscle contractions of mammalian small intestine are preceded by changes in membrane potential differences. Depolarization of the membrane tends to cause the muscle cell to contract, whereas hyperpolarization has the opposite effect.

Gut motility is controlled by myogenic (GI smooth muscle has its own intrinsic rhythmicity), hormonal (gastrin, serotonin, cholecystokinin, enkephalin, etc.) and neuronal (The gut receives extrinsic sympathetic, parasympathetic and NANC [non-adrenergic non cholinergic] innervation, but it also has its own intrinsic enteric nervous system capable of independent function in many instances) parameters/functions.

Myenteric nerve plexus lies between circular and longitudinal muscularis externa and controls peristalsis and segmentation. Peristalsis is a reflex response that is initiated when the gut wall is stretched by the contents of the lumen, and it occurs in all parts of the gastrointestinal tract from the esophagus to the rectum. The stretch initiates a circular contraction behind the stimulus and an area of relaxation in front of it. The wave of contraction then moves in an oral-to-caudal direction, propelling the contents of the lumen forward at rates that vary from 2 to 25 cm/sec. Peristaltic activity can be increased or