# Study of the action of Drugs on Human Eyes

Lab-4

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## Eye

 is specialized sensory organ that mediate vision. The eye focuses images from external environment onto retina & convert them into electrical signals which then recognized by the brain.

# Anatomy & Physiology of the Eye

The main compartments of the human eye are cornea, iris, lens, ciliary body and vitreous humour.



## **Pupil Diameter**

- The pupil is the hole in the center of iris. The diameter of the pupil (pupil size) & hence the amount of light entering the eye is regulated by two anatomically innervated set of smooth muscles:
- I radial muscles which innervated by adrenergic fibers (containing alpha I receptors).
- 2- circular muscles which innervated by cholinergic fibers (containing M3-receptors).
- Notes: Miosis: is due to either contraction of circular muscle or relaxation of radial muscle. Mydriasis: is due to either contraction of radial muscle or relaxation of circular muscle



# **HUMAN EYE ANATOMY**

#### **Regulation of the amount of the light**



## **Accummodation for Near & Far Vision**

- Ciliary body involves ciliary muscle and ciliary epithelium
- Ciliary muscle (M receptors): responsible for near or far vision.

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M-agonist \rightarrow Ciliary M. Contraction \rightarrow Lens contraction \rightarrow near vision
Anti-Muscarinic \rightarrow Ciliary M. Relaxation \rightarrow Lens relaxation \rightarrow far vision
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- **Contraction** of ciliary muscle in response to cholinergic activation (M3 receptors) causes these suspensory ligaments to relax allowing the lens to become more convex & thus reducing its focusing to near objects only.
- **relaxation** of the ciliary muscle (e.g. by <u>antimuscarinic</u> agents) the suspensory ligaments will be stretch allowing the lens to become more flat so that the lens focused for distant objects.
- Drugs that antagonized accummodation for near vision termed **cycloplegics**, they are exclusively muscarinic antagonists. sympatholytic agents do not alter accummodation for near vision since there are no adrenergic receptors in the ciliary muscle.



### **HUMAN EYES ACCOMMODATION**

Light focusing



#### **Topical administration**

- Eye drops
  - Principally absorbed through the cornea
  - Short drug-eye contact time
- Eye ointments
  - Allow a prolonged contact time
- Eye lotions
  - Used for irrigation

#### Local injections and systemic treatment

- Physiological barriers limit systemically administered drug penetration to the eye
- Ex. acetazolamide for severely raised intraocular pressure

### **Ophthalmic anesthetics**

•Ophthalmic anesthetics are agents that act locally to block pain signals at the nerve endings in the eyes

#### Anaesthetic drops:

- Initial assessment of minor trauma
- Removal of conjunctival and corneal foreign bodies
- In surgery
- •Example:
  - Propracaine Hydrochloride 0.5% (Alcaine)
  - Tetracaine 0.5%
- •Side effects:
  - Allergy: local or systemic



#### **Dilating Drops (mydriatic medications)**

- Mydriatics are used to enlarge the pupil for eye examinations
- Used in diagnosis and surgery
- Parasympathetic antagonists (parasympatholytics)
  - Paralyzing the iris sphincter muscle
  - Make the pupil larger and paralyze the muscle involved in focusing of the lens (accommodation)
  - Blurry eyes especially for up close (reading, near play)
  - Tropicamide: (Mydriacyl) 0.5% and 1%. Action up to 6 hours
  - Cyclopentolate: (Cyclogyl) 0.5%, 1% and 2%. Action up to 24 hours
  - Homatropine: 2% and 5%. Action: 2-3 days.
  - Atropine: (Atropisol) Drops 0.5% or 1%, ointment 1%. Action: 1-2 weeks
- Sympathetic agonists (sympathomimetics)
  - Stimulate the iris dilator muscle.
  - Phenylephrine: 2.5% and 10%. Action 3-6 hours.

### **Miotic agents**

- Dapiprazole (α1-antagonist)
- Pilocarpine (M3 agonist)
- Isoproterenol, thromboxane A2, yohimbine, Tolazoline, prostaglandin growth factor 2α (PGF2α), inomysin, thapsigargin,.. etc.



### **GLAUCOMA**

- Disease of the eye in which fluid pressure within the eye rises
- May lead to vision lose
- Affects both eyes
- Symptoms :Loss of peripheral vision Sensitivity to light and glare
   Problems with night vision ,and Blurred vision
- Characterized chiefly by an increase in IOP above 21 mmHg & may be as high as 70 or 80 mmHg during the attack



### Pathphysiology of Glaucoma

- The aqueous humor is a transparent, gelatinous fluid. It is secreted from the ciliary epithelium.
- In glaucoma, aqueous humor builds up and increases pressure within the eye
- Ciliary Epithelium (B2-Receptors) Responsible for secretion of aqueous humor.
- Ciliary muscle contraction → Increases flow → Decreases IOP.
- Ciliary muscle Relaxation → Decreases flow → Increases IOP (Glaucoma).



Figure 1: Production and flow of aqueous humour in the eye. © 2013 British Journal of Anaesthesia

# **GLAUCOMA**

### Prostaglandins

Treat open-angle glaucoma
Prostanoid selective FP receptor agonist
Increase the outflow of the aqueous humor
Ex. latanoprost (Xalatan) and bimatoprost (Lumigan)

### **Beta blockers**

Reduce the production of intraocular pressure
Blocks the action of the sympathetic nervous system, Causing reduction of intraocular pressure. The precise mechanism of this effect is not known
Ex. timolol (Betimol, Timoptic) and betaxolol (Betoptic)



# **GLAUCOMA**

#### **Alpha-adrenergic agonists**

Reduce the production of aqueous humor and increase its outflow
Ex. apraclonidine (Iopidine) and brimonidine (Alphagan)

#### **Carbonic anhydrase inhibitors**

•Systemic administration (oral)

•Carbonic anhydrase is an enzyme founded in the biochemical production of aqueous humor

- Reduce the production of aqueous humor
- •Ex. dorzolamide (Trusopt) and brinzolamide (Azopt)

#### **Miotic or cholinergic agents**

Increase the outflow of fluid within eyesEx. pilocarpine (Isopto Carpine) and carbachol (Isopto Carbachol)

# **OBJECTIVES**

At the end of the practical class the student shall be able to:

- I. Instill drugs carefully into the volunteer eye by the pouch method without injuring the cornea.
- 2. Study the effects of drugs on the eyes

### Methods

• Place one drop of the agents in the following table into on eye and check for the parameters mentioned in the following table:

Parameter	Pupil Size	Accommodation	Light Reflex	Blanching	Blinking	IOP
Agent						
Phenylphrine						
Pilocarpine						
Tropicamide						
lidocaine						
placeabo						

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