10.1. TRANQUILIZERS

10.1.1. Introduction

Tranquilizers are used for treating the symptoms of mental disorders. They cause drowsiness without inducing sleep. They are used for symptomatic treatment of psychosis, such as schizophrenia and organic psychosis. The symptoms of schizophrenia can be either positive or negative. Positive symptoms include hallucinations, delusions, and thought disorder, and occur in healthy individuals, while negative symptoms shows reduction in qualities normally present in healthy individuals, such as impoverishment of thought, blunted emotion, attention deficit, and lack of motivation. Many of these drugs also act as skeletal muscle relaxants, anti-emetics, anti-hypertensives, and anti-epileptics.

10.1.2. Classification

Tranquilizers are classified as follows:

- 1) Phenothiazines Derivatives: Chlorpromazine and Trifluoperazine.
- 2) Butyrophenones: Haloperidol and Trifluperidol.
- 3) Rauwolfia Alkaloids: Reserpine.
- 4) Diphenylbutyl Piperidines: Pimozide and Penfluridol.
- 5) Atypical Neuroleptics: Clozapine, Olanzapine, and Risperidone.
- 6) Indole Derivatives: Malingole.
- 7) Thioxanthene Derivatives: Chlorprothixene and Flupenthixol.
- 8) Substituted Benzamides: Sulpirides.

10.1.3. Individual Compounds

The following drugs are studied in detail:

- 1) Chlorpromazine,
- 2) Prochlorperazine,
- 3) Trifluoperazine,
- 4) Thiothixene,
- 5) Haloperidol,
- 6) Triperidol,
- 7) Oxypertine,
- 8) Chlordiazepoxide,
- 9) Diazepam,
- 10) Lorazepam, and
- 11) Meprobamate.