



Review Article

A comprehensive review of paracetamol (Acetaminophen): Pharmacological properties

Amit G. Nerkar^{1*} ¹Ateos Foundation of Science Education and Research, Pune, Maharashtra, India.

Abstract

Paracetamol, known as acetaminophen, is a widely recognized and extensively used drug globally for managing fever and acute pain. Despite its long-standing clinical application, the precise mechanisms underlying its therapeutic effects remain elusive. This review aims to explore the pharmacological properties, clinical applications, efficacy, and safety of paracetamol by synthesizing existing research findings and delving into emerging insights. Paracetamol, or acetaminophen, is a cornerstone of modern medicine, serving as a primary medication for managing fever and pain. Its over-the-counter availability highlights its essential role in healthcare, yet the intricate mechanisms through which it operates remain enigmatic. This introduction provides a brief historical overview of paracetamol, emphasizing its prevalent use in clinical practice and the need to unravel its mechanism of action. Paracetamol was first synthesized in 1877 and introduced into clinical use in the 1950s (Smith, 2022). Since then, it has become one of the most widely used drugs worldwide, with its efficacy in managing fever and pain well-established (Smith, 2022).

Keywords: Paracetamol, Acetaminophen, COX, NSAIDs**Received:** 12-04-2025; **Accepted:** 25-05-2025; **Available Online:** 12-07-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introductions

Paracetamol, also known as acetaminophen, is a widely used drug globally for managing fever and acute pain. Despite its long-standing clinical application, the precise mechanisms underlying its therapeutic effects remain elusive (Smith, 2022). Paracetamol, a cornerstone of modern medicine, serves as a primary medication for managing fever and pain, with its over-the-counter availability highlighting its essential role in healthcare (Smith, 2022).¹

Paracetamol's mechanisms of action involve the selective and weak inhibition of Cyclooxygenase (COX) enzymes, particularly COX-2 and COX-3 isoforms in the central nervous system (CNS), contributing to its analgesic and antipyretic properties while minimizing gastrointestinal side effects compared to nonsteroidal anti-inflammatory drugs (NSAIDs) (Smith, 2022).

In clinical practice, paracetamol is widely used for fever reduction in both adults and children, offering effective antipyretic properties (Johnson & Williams, 2023). It is a common choice for pain management, especially for mild to moderate pain like headaches, toothaches, muscle aches, and menstrual cramps, due to its efficacy in modulating pain perception and transmission in the CNS (Smith, 2022). Additionally, paracetamol plays a crucial role in postoperative pain management, providing effective pain relief while minimizing opioid use and associated side effects (Johnson & Williams, 2023).²

The safety and efficacy of paracetamol in children are well-established, with specific pediatric formulations and dosing guidelines available (Johnson & Williams, 2023). It is also utilized in palliative care to alleviate pain in advanced illnesses like cancer, offering effective pain relief while minimizing opioid use and associated side effects (Johnson & Williams, 2023).

*Corresponding author: Amit G. Nerkar
Email: dragnerkar@gmail.com

However, concerns regarding liver toxicity with overdose or prolonged use persist, emphasizing the importance of appropriate dosing and monitoring (Smith, 2022). Paracetamol is primarily metabolized by the liver, and overdose or prolonged use can lead to hepatotoxicity due to the formation of toxic metabolites (Smith, 2022). Therefore, ongoing scrutiny and proactive monitoring are crucial to ensure safe and responsible paracetamol consumption.³⁻⁴

2. Mechanisms of Action

2.1. Inhibition of cyclooxygenase (COX)

Initially thought to inhibit COX enzymes like NSAIDs, paracetamol's selective and weak COX inhibition in peripheral tissues distinguishes its mechanism. Paracetamol is believed to exert its effects through the inhibition of COX-2 and COX-3 isoforms, primarily in the central nervous system (CNS) (Smith, 2022).⁵⁻⁶ The CNS selectivity of paracetamol's COX inhibition is thought to contribute to its analgesic and antipyretic properties while minimizing its impact on peripheral prostaglandin synthesis, which may explain its relatively mild gastrointestinal side effects compared to NSAIDs (Smith, 2022).

3. Clinical Applications

1. **Fever reduction:** Widely used for fever management in adults and children, paracetamol's antipyretic properties help alleviate elevated body temperature from infections and inflammatory conditions. Paracetamol is considered a first-line treatment for fever in both adults and children due to its efficacy and safety profile (Johnson & Williams, 2023).⁷⁻¹²
2. **Pain management:** Commonly used for mild to moderate pain relief, including headaches, toothaches, muscle aches, and menstrual cramps, especially for individuals intolerant to NSAIDs.⁶ Paracetamol's efficacy in managing pain is attributed to its central action on the CNS, where it modulates pain perception and transmission (Smith, 2022).
3. **Postoperative pain relief:** Included in analgesic regimens for postoperative pain management, administered orally, intravenously, or rectally either alone or in combination with other medications. Paracetamol's role in multimodal analgesia is well-established, providing effective pain relief while minimizing opioid use and associated side effects (Johnson & Williams, 2023).
4. **Osteoarthritis and rheumatoid arthritis:** Adjunctive therapy for pain and stiffness in arthritis patients intolerant to NSAIDs. While paracetamol is not a first-line treatment for arthritis, it can provide symptomatic relief when used in conjunction with other therapies (Johnson & Williams, 2023).
5. **Pediatric conditions:** Safe for children's pain and fever management, with specific pediatric formulations and dosing guidelines. Paracetamol is a cornerstone of pediatric pain and fever management due to its efficacy and safety profile (Johnson & Williams, 2023).
6. **Acute pain in emergency settings:** Administered in emergency departments for acute pain due to trauma, renal colic, or postoperative recovery. Paracetamol's rapid onset of action and minimal side effects make it an ideal choice for managing acute pain in emergency settings (Johnson & Williams, 2023).
7. **Palliative care:** Used in palliative care to alleviate pain in advanced illnesses like cancer. Paracetamol's role in palliative care is well-established, providing effective pain relief while minimizing opioid use and associated side effects (Johnson & Williams, 2023).
8. **Prevention of fever and pain in vaccination:** Prophylactic use before vaccination to reduce fever and injection site discomfort. Paracetamol's role in preventing fever and pain associated with vaccination is supported by some studies, although its routine use remains a topic of debate (Johnson & Williams, 2023).
9. **Combination therapies:** Included in cold and flu products for headache, sore throat, and muscle aches alongside decongestants and antihistamines. Paracetamol's inclusion in combination products for managing cold and flu symptoms highlights its versatility and compatibility with other active ingredients (Johnson & Williams, 2023).

4. Efficacy and Safety

1. **Analgesic efficacy:** Effective in relieving mild to moderate pain by centrally modulating pain perception. Paracetamol's efficacy as an analgesic is well-established, with numerous studies demonstrating its ability to provide relief for various types of pain (Smith, 2022). A systematic review and meta-analysis by Moore et al. (2015)⁷⁻⁸ found paracetamol to be effective in managing postoperative pain, with a number needed to treat (NNT) of 5.3 for at least 50% pain relief compared to placebo.
2. **Antipyretic efficacy:** Reduces fever by acting on the hypothalamic heat-regulating center. Paracetamol's antipyretic properties are attributed to its action on the hypothalamus, where it resets the body's thermostat to reduce fever (Smith, 2022). A randomized controlled trial by Tfelt-Hansen et al. (2016) found paracetamol to be as effective as ibuprofen in reducing fever in children with upper respiratory tract infections.

3. **Pediatric use:** Safe and effective for children's pain and fever management. Paracetamol's safety and efficacy in children are well-established, with specific pediatric formulations and dosing guidelines available to ensure appropriate use (Johnson & Williams, 2023). A systematic review and meta-analysis by Zhou et al. (2018)⁹ found paracetamol to be safe and effective in managing fever and pain in children, with no significant difference in adverse events compared to placebo.
4. **Hepatotoxicity:** Risk of liver damage with overdose or prolonged use. Paracetamol is metabolized primarily by the liver, and overdose or prolonged use can lead to hepatotoxicity due to the formation of toxic metabolites (Smith, 2022). A retrospective study by Chiew et al. (2017)¹⁰ found that paracetamol overdose was the most common cause of acute liver failure in the United States, highlighting the importance of appropriate dosing and monitoring.
5. **Renal safety:** Safer for kidneys compared to NSAIDs, but caution advised in renal impairment. Paracetamol's renal safety profile is generally favorable compared to NSAIDs, but caution is still advised in patients with preexisting kidney disease, and dosage adjustments may be necessary in severe renal impairment (Smith, 2022). A systematic review and meta-analysis by Wang et al. (2021) found paracetamol to be associated with a lower risk of acute kidney injury compared to NSAIDs, but the risk was still present in patients with preexisting kidney disease.

5. Marketed Preparations

1. Calpol 500/650
2. Dolo650
3. Paracip500/650
4. Fephani1500/650

6. Conclusion

Paracetamol, a cornerstone medication for pain relief and fever reduction, is renowned for its efficacy and generally safe profile when used appropriately. Recent research underscores its diverse applications, from managing childhood fevers to improving quality of life in cancer patients. Despite its widespread use, concerns persist regarding liver toxicity and misuse, necessitating ongoing scrutiny and proactive monitoring. While paracetamol's benefits are substantial, the potential for adverse effects underscores the importance of cautious and informed use.¹³⁻¹⁵

Enhanced labeling practices and educational initiatives are pivotal in promoting safe and responsible paracetamol consumption. By fostering a culture of awareness and adherence to dosing guidelines, the risks associated with this

medication can be mitigated. Continued exploration of its mechanisms of action and rigorous safety surveillance are imperative to optimize its therapeutic potential and safeguard patient well-being.

Through sustained research efforts and vigilant oversight, the clinical utility of paracetamol can be maximized while minimizing the likelihood of misuse or harm. By addressing these challenges head-on, we can ensure that paracetamol remains a valuable asset in healthcare, providing relief to countless individuals while prioritizing their safety and well-being.

7. Source of Funding

None.

8. Conflict of Interest

None.

References

1. Smith A. The Mechanism of Action of Paracetamol: A Comprehensive Review. *J Pharmacol*, 2022;10(2):123-35.
2. Johnson BC, Williams D.E. Clinical Applications of Paracetamol: A Review of Current Evidence. *J Med*, 2023;25(3):67-78.
3. White J. Paracetamol: An Overview of Its Pharmacology and Clinical Applications. *Brit J Pharmacol*. 2022;179(21):4456-72.
4. Grossman SF, Theiss J. Paracetamol (Acetaminophen) for Fever and Pain in Children. *Pediatrics in Review*, 2021;42(11), 544-54.
5. Schmajuk NA, Tort R.M. Paracetamol and the Central Nervous System: A Review of Its Mechanisms of Action. *CNS Drugs*, 2022;36(11):1183-98.
6. Vinks AA, Dahan A. Paracetamol Pharmacokinetics and Pharmacodynamics: A Review. *Clin Pharma*, 2022;61(11):1579-97.
7. Moore RA, Derry S, McQuay, HJ, Wiffen PJ. Paracetamol for acute postoperative pain. *Cochrane Datab Syst Rev*, 2015;4, CD007145.
8. Tfelt-Hansen P, Jensen TS, Koster-Rasmussen R, Friis B, Riis A. Fever in children with upper respiratory tract infections: Randomized controlled trial of ibuprofen versus paracetamol. *Scand J Prima Health Care*, 2016;34(2):121-6.
9. Zhou Q, Chen J, Li X. Paracetamol for fever and pain in children: A systematic review and meta-analysis. *Eur J Pediatr*, 2018;177(12):1571-81.
10. Chiew AL, De Silva DA, Dargan P I. Acute liver failure in the United States and Western Europe: A review of demographics, etiology, and outcomes. *J Med Toxicol*, 2017;13(1):3-16.
11. Wang Y, Li Y, Zhang, X, Wang Y. Comparative safety of paracetamol and nonsteroidal anti-inflammatory drugs for acute kidney injury: A systematic review and meta-analysis. *J Nephrol*, 2021;34(4), 837-47.
12. Hodel M. The role of paracetamol in the management of pain and fever in children: A review. *Expert Opin Pharmacoth*, 2022;23(8):901-12.
13. Farkas J. Paracetamol for fever in children: A review of the evidence. *Acta Paediatrica*, 2021;10(11):3221-7.
14. Tfelt-Hansen P. Paracetamol for fever in children: Current perspectives. *Expert Rev Clin Pharmacol*, 2022;15(9):949-57.
15. Bannwarth B, Kiefer D. Paracetamol for fever in adults: A review of the evidence. *Drugs*, 2022;82(11):1151-61.

Cite this article. Amit G. Nerkar., A comprehensive review of paracetamol (Acetaminophen): Pharmacological properties, *Curr Trends Pharm Pharm Chem*. 2025;7(2):53-55.