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download desert storm 3 full version The renin-angiotensin system inhibitors have been widely used to reduce blood pressure in patients with stage 1 or 2 hypertension. However, it is not fully understood how these inhibitors exert their antihypertensive effect. This is reflected in the controversies concerning the optimal use of the drugs and the compliance of patients who were taking the drugs, particularly among the elderly. The renin-angiotensin system (RAS) is a body fluid system that plays a key role in homeostatic regulation of blood pressure, fluid, electrolyte, and blood glucose. RAS is a system of two routes, a systemic route and a local route. The systemic route is a system that is widely distributed in the body and is mainly involved in the regulation of blood pressure. The local route is a system that is located in the heart, kidney, blood vessels, adrenal gland, and other organs and is mainly involved in aldosterone metabolism. Angiotensin I formed by the action of renin is a precursor for angiotensin II produced by the action of angiotensin-converting enzyme (ACE) on angiotensin I, then angiotensin II interacts with angiotensin receptors of various tissues to produce physiological actions. The RAS system also has a complex regulatory loop and a local loop. Local loop results from the systemic action of angiotensin II. The RAS inhibitors are classified into a type I inhibitor that blocks angiotensin-converting enzyme (ACE), a type II inhibitor that blocks the renin-angiotensin system directly, and a combination type inhibitor that blocks both ACE and renin-angiotensin system. The type I inhibitor includes Captopril, Tiazagax, Omeprazole, and so on, and the type II inhibitor includes Fosinopril, Irbesartan, Olmesartan, and so on. Both type I and II inhibitors are used to treat the diseases of the local renin-angiotensin system, such as diabetic nephropathy. RAS inhibitors act by decreasing blood pressure, or by increasing albumin excretion to diminish albuminuria. The following conclusions may be drawn from published scientific and patent documents: (1) The hypertensive effect of RAS inhibitors is extremely correlated to the blood pressure reduction. It has been reported that ACE inhibitors may be used to treat diabetic nephropathy, and the protein 6d1f23a050

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