4. Angiotensin converting enzyme inhibitors.

5. Angiotensin receptor antagonist.

6. Sympatholytics and adrenergic blockers.

7.Alpha blockers.

Combination therapy

Approximately 60% of patients with elevated blood pressure will not achieve their blood pressure targets with monotherapy. Most patients will require a combination of two or more drugs to achieve adequate blood pressure control. There are several effective combinations, In the accomplish trial an ACE inhibitor and calcium channel blocker combination reduced cardiovascular events more than a combination of the ACE inhibitor with a diuretic.(Kjeldsen SE, *et al.*. 2008).

1.2.1 The Angiotensin II Receptor Blockers (ARBs)

The Angiotensin II Receptor Blockers (ARBs) were developed to overcome several of the deficiencies of ACE inhibitors. The Angiotensin II receptor blockers (ARBs) are used by patients with kidney disease, and heart failure. But it is mainly used for treatment of hypertension, (Steven G. Terra, 2003), (Hypertension is defined as either a sustained systolic blood pressure (sbp) of greater than 140mm Hg or a sustained diastolic blood pressure (dbp) of greater than 90mm Hg.) The Angiotensin II receptor blockers (ARBs) are alternatives to the ACE inhibitors which are relatively nonspecific enzyme and has substrates other than angiotensin, and so, inhibition of ACE may result in accumulation of these substrates. The Angiotensin II receptor