

blockers (ARBs) drugs block the AT1 receptors more specifically .(Joel M. Neutel, *et al.*, 2007), Losartan is the prototypic ARBs; currently there are 6 additional ARBs, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan and valsartan, all of the ARBs types are have similar clinical profiles with different pharmacokinetic profiles(Dhiren K Patel, *et al.*,2013), The Angiotensin II produces a number of effects that eventually leads to an increase in blood pressure and affects other organs(heart and kidney) these effects include the activation of the sympathetic nervous system, Constriction of blood vessels, increased salt and water retention, ,stimulation of blood vessel and heart fibrosis (stiffening).(Steven G. Terra, 2003), Angiotensin receptor blockers prevent Angiotensin II from binding to its receptor and thus reduce the effects of Angiotensin II. Most of the angiotensin receptor blockers are available either alone or in combination with an additional medication called hydrochlorothiazide (HCTZ), a diuretic that is very effective in lowering blood pressure. The blood pressure-lowering effects of angiotensin receptor blockers are made more effective by the addition of HCTZ. Pharmacologically, the effect of The Angiotensin II receptor blockers (ARBs) are similar to those of ACE inhibitors in that they produce arteriolar and venous dilation and block aldosterone secretion, thus lowering blood pressure and decreasing salt and water retention.(Steven A. Atlas, 2007). ARBs do not increase bradykinin levels, ARBs decrease the nephrotoxicity of diabetes making them an attractive therapy in hypertensive diabetics.(Earshad Md,2012) Their adverse effects are similar to those of ACE inhibitors, although the risks of cough and angioedema are significantly decreased.(Takeshi Morimoto MD MPH, 2004) ARBs are also fetotoxic.(P Rachael James, 2004) Angiotensin II receptor antagonists work by antagonizing the activation of angiotensin receptors(Richard Finkel *et al.* 2009).