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Research Article

INFLUENCE OF SOME ANTIHYPERTENSIVE DRUGS AND MEDICINAL PLANTS ON PATIENTS WITH ESSENTIAL HYPERTENSION

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ABSTRACT

Back ground: Hypertension is an important health problem in the world specially essential hypertension (EHT) is widely distributed which is a risk factor for cardiovascular and renal diseases. **Objective**: Assessment the effect of medicinal plants Garlic (G), *Nigella* sativa (NS), and adjustment their appropriate concentration in lowering the (EHT) and evaluate their effects on lipid profile and renal function. **Methods**: Sixty-seven patients with mild, moderate and severe (EHT) had treated by various antihypertensive drugs and medicinal plants (G,NS). Arterial blood pressure, serum lipid levels and renal functions were measured before and after they had treatment. **Results**: Administration of G,NS produced a significant lowering effect in the arterial blood pressure in patients with (EHT) when they were used alone or in combination with antihypertensive drugs. **Conclusion**: Garlic, *Nigella* sativa were effective, safe, cheaper and recommended for EHT.

Keywords: Essential hypertension, Garlic, Nigella sativa.

INTRODUCTION

Essential hypertension (EHT) is an important health problem in the world and accounting for 95% of all causes of high blood pressure. (17) and it is widely distributed in Iraq. Many factors that are responsible for EHT such as age (45), heredity (15), race, smoking, coffee drinking (26), stress, obesity (37), toxic metals, alcohol intake (46). EHT caused several complication that affected cardiovascular system (33), cerebrovascular (8), renal system (56) retinal (9), large vessels (5).

The efficacy of treatment EHT was tested in two well-know medicinal plants namely, Garlic (G) Nigella sativa (NS), which were proved to be effective in treatment of hypertensive patients.

METHODS

This study was carried out in Baghdad / the AL-Kadimyia Teaching Hospital (67) patients were involved in the study with the range of (50-52) years for (44) females and (23) males with mean body weight (80) kilograms and with moderate to severe blood pressure before

therapy. The patients were alienated in eight groups treated by antihypertensive drugs (ramipril, felodipine, candesartan, valsartan and metobrolol) Table-1 which were used alone or in combination, duration of treatment are four weeks. Two medicinal plants Garlic (G). Nigella sativa (NS) were used daily in a dos of 5g of fresh G as tablets orally with meal, 1g of NS as capsule orally. These plants were used plus the above drugs related to each group which was used for another four weeks of treatment. The patients related to groups (7,8) have (5 patients) for each group suffered from mild EHT and treated bv medicinal plant which used alone for duration of four weeks. Measurement of arterial blood pressure weekly. To determine the lipid profile (CH, TG, HDL, LDL, VLDL) and renal functions (blood urea (BU), creatinine (CR), uric acid (UA) ,Na,K,Ca) blood sample were taken from all patients who have no prior treatment after 12-14 hours fasting period and then every two weeks after onset of treatment for 4,8 weeks .

Group No.	No. of patients + different regimens of drugs					
Group one	(14 patients) were treated by ramipril 5 mg.					
Group two	(7 patients) were treated by fedodipine 5 mg.					
Group three	(6 patients) were treated by candesrtan 8 mg.					
Group four	(7 patients) were treated by metoprolol 50 mg.					
Group five	(11 patients) were treated by combination of felodipine 5 mg + valsartan 80 mg.					
Group six	(12 patients) were treated by combination of felodipine 10 mg + ramipril 10 mg. + metoprolol 50 mg.					

Table 1: Showed the groups of hypertensive patients which were treated orally by different regimens of drugs

Statistical Analysis

The Complete Randomized Design (CRD) ANOVA with Statistical Analysis System (SAS) was used to study the effects of period before treatment 1,2,3,4 weeks on difference traits. LSD test and Duncan's multiple range was used to comparative significant differences between the means(42).

RESULTS

There was a significant reduction at p<0.01 in the arterial blood pressure levels of all patients who were treated with different regimens of drugs throughout the four weeks of treatment Table (2).

Table (3) show that there was a significant decrease in the arterial blood pressure levels (systolic and diastolic) at p<0.01, p<0.05 in groups treated by medicinal plants alone or in a combination with drugs during the period of treatment. Table (4) demonstrated that after treatment with different regimens of drugs there was a significant reduction in serum CH levels in group (3) while there was a significant elevation in serum CH levels in groups

(1,2,5,6), serum TG and VLDL levels were significantly decrease in group (6) at some time a significant elevation of serum TG, VLDL, levels in groups (2,5), also a significant decrease in serum HDL levels as in groups (1,2,6) regarding the serum LDL level were significantly decrease as in group (3) and significantly increase in groups (1,5,6).

Antihypertensive therapy caused improvement in some renal functions as serum (BU, Cr, UA,Ca, K) with some groups throughout the period of treatment Table. (5)

A Combination of antihypertensive drugs and G as in groups (1,3,5,6) provided a significant improvements in some serum lipid profile levels Table (6).

Also using G alone or in combination caused a significant decrease in serum Cr groups(1,6,7) and significant reduction in serum Na levels groups (1,3,6,7) after treatment Table (7).

While using NS alone or in combination caused no improvement in serum lipid profile levels and renal functions in most groups throughout the treatment Table. (8)

Table 2: The means of blood pressure levels (systolic and diastolic) mmHg in patients with
EHT throughout the four weeks of treatment by different regimens of drugs

Group No.		Before treatment	After one week of treatment	After two weeks of treatment	After three weeks of treatment	After four weeks of treatment	LSD
Group	Systolic	A 167.14 ± 3.23	B 152.14 ± 6.72	C 146.07 ± 3.50	DC 144.29 ± 3.31	D 142.14± 3.51	**3.22
one	Diastolic	A 107.00 ± 1.52	B 94.29 ± 3.31	C 90.86 ± 2.38	D 86.79 ± 1.97	E 83.79± 2.89	**1.88
Group	Systolic	A 166.43 ± 6.45	A 158.86±10.61	B 149.00 ± 7.55	B 144.57 ± 4.24	B 145.71±3.45	**7.58
two	Diastolic	A 106.43 ± 5.56	B 97.43 ± 5.68	C 92.14 ± 3.93	DC 87.57 ± 2.99	D 86.86± 2.61	**4.75
Group	Systolic	A 169.17 ± 3.06	B 147.50 ± 5.24	B 144.17 ± 5.42	CB 144.00 ± 4.34	C 139.00± 2.97	**5.15
three	Diastolic	A 105.83 ± 6.65	B 98.00 ± 2.45	CB 94.33 ± 2.94	CB 94.07±2.96	C 90.83± 3.76	**4.81
Group	Systolic	A173.43 ± 2.70	B 157.57± 3.95	CB 156.57 ± 3.91	CD 153.43 ± 3.95	D 150.71± 3.45	**3.96
four	Diastolic	A 109.29 ± 9.32	B 97.14 ± 10.75	B 93.14 ± 7.69	B91.43± 6.08	B 89.29± 5.35	**8.83
Group	Systolic	A 177.67 ± 3.92	B 153.00 ± 3.10	B 151.18 ± 6.97	B 150.72 ± 6.20	B 149.90± 7.75	**5.02
five	Diastolic	A 105.63 ± 6.97	B 95.09 ± 6.20	C 90.54 ± 4.65	C 89.81 ± 3.10	D 84.81± 3.87	**4.42
Oroun aiv	Systolic	A 221.58 ± 9.38	B 199.58 ± 6.82	C 161.16 ± 7.68	C 153.50 ± 11.09	C 154.58± 11.94	**7.84
Group six	Diastolic	A128.33 ± 7.68	B 117.91 ±10.23	C 98.33 ± 4.26	C 97.08 ± 3.41	D 90.83± 5.97	**5.54

Table 3: The means of arterial blood pressure levels (systolic and diastolic) mmHg in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1,3,5,6) plus Garlic (G) or treatment by (G)alone in group (7).

Gro	up No.	Before treatment plus (G)	After one week of treatment plus (G)	After two weeks of treatment plus (G)	After three weeks of treatment plus (G)	After four weeks of treatment plus (G)	LSD
Group	Systolic	A 143.71 ± 3.40	BA 140.00 ± 4.08	B 136.43± 4.75	C 129.29 ± 6.07	C 124.29 ± 4.50	5.07**
one No.(7)	Diastolic	A 84.29 ± 2.98	A 82.14 ± 2.52	A 82.00± 3.93	A 81.43 ± 3.78	B 74.00 ± 2.16	3.44**
Group	Systolic	A 139.00± 2.97	BA 137.50 ± 4.18	B 133.50± 3.94	C 128.50 ± 2.35	D 120.17 ± 3.19	4.03**
three No.(6)	Diastolic	A 90.83 ± 3.76	A 90.00 ± 3.16	A 89.17± 2.04	A 88.33 ± 4.08	B 77.67 ± 5.01	4.45**
Group	Systolic	A 149.83 ± 2.04	B 143.33 ± 4.08	C 138.33± 4.10	C 135.83 ± 4.92	D 129.33 ± 2.66	4.41**
five No.(6)	Diastolic	A 84.33 ± 3.83	A 84.50 ± 3.94	A 85.00± 5.48	A 83.83 ± 4.49	B 75.17 ± 5.34	5.55**
Group	Systolic	A 154.17 ± 17.72	A 144.17 ± 17.44	A 140.83± 19.08	A 138.33 ± 17.51	A 134.17 ± 16.36	21.9
six No.(6)	Diastolic	A 92.17 ± 6.77	A 91.67 ± 6.83	A 88.33± 2.58	B 82.50 ± 2.74	B 77.17 ± 3.19	5.75**
Group	Systolic	A 145.00 ± 7.07	A 144.40 ± 6.97	BA 136.00± 8.94	BC 133.00 ± 7.58	C 125.00 ± 7.07	9.77**
seven No.(5)	Diastolic	BA 94.00 ± 4.18	A 96.00 ± 234	B 92.00± 2.74	C 86.00± 2.24	C 84.00 ± 2.24	3.73**

Table 3: The means of arterial blood pressure levels (systolic and diastolic) mmHg in patients with EHT Throughout the four weeks of treatment by different regimens of drugs in groups (1,2,4,5,6) plus (NS) or treatment by (NS) alone in group (8).

Grou	p No.	Before treatment Plus (NS)	After one week of treatment Plus (NS)	After two weeks of treatment Plus (NS)	After three weeks of treatment Plus(NS)	After four weeks of treatment Plus (NS)	LSD
Group	Systolic	A 139.86 ± 2.34	B 133.14± 4.18	C 128.57 ± 2.44	D 124.29 ± 3.45	D 121.43 ± 3.78	**3.62
one No.(7)	Diastolic	A 83.29 ± 2.93	A 82.14 ± 2.67	A 81.57± 2.15	B 75.71 ± 6.07	B 72.86 ± 3.93	**4.16
Group	Systolic	A 145.71 ± 3.45	B 140.00 ± 6.45	C 133.57 ± 3.78	D 127.43 ± 3.82	D 125.86 ± 4.49	**4.95
two No.(7)	Diastolic	A 86.86 ± 2.61	BA 84.29 ± 1.89	B 82.14 ±2.67	B 81.43 ± 2.44	C 75.29 ± 4.15	**3.12
Group	Systolic	A 150.71 ± 3.45	B 140.71 ± 4.50	CB 136.43 ± 6.27	CD 134.29 ± 5.35	D 130.86 ± 1.86	**4.97
four No.(7)	Diastolic	A 89.29 ± 5.31	A 87.14 ± 3.93	BA 86.43 ± 4.76	B 82.14 ± 3.93	C 74.71 ± 4.46	**4.93
Group	Systolic	A 150.00± 3.24	B 132.00 ± 10.95	B 132.00 ± 8.37	B 130.00 ± 7.07	B 130.00 ± 3.54	**9.57
five No.(6)	Diastolic	A 85.40 ± 3.65	A 86.00 ± 4.18	A 85.00 ± 5.00	A 83.00 ± 4.47	B 75.20 ± 3.56	**5.55
Group	Systolic	A 155.00 ± 18.97	A 150.83 ± 20.10	A 147.50 ± 15.41	A 143.33 ± 12.11	A 145.00 ± 13.78	19.45
six No.(6)	Diastolic	A 89.50 ± 10.27	BA 85.83 ± 6.65	BA 84.17 ± 6.65	BA 81.67 ± 5.16	B 79.50 ± 3.94	**8.17
Group eight	Systolic	A 146.00 ± 10.84	A 150.00 ± 6.12	A 144.00 ± 4.18	BA142.0 ± 4.47	B 135.00 ± 6.12	*8.95
No.(5)	Diastolic	A 95.00 ± 3.54	A 95.00 ± 3.54	A 95.00 ± 3.53	A 95.00 ± 3.54	B 75.00 ± 5.00	**5.11

Table 4: The means of serum Lipid Cholesterol (CH), Triglyceride (TG),
High Density Lipoprotein (HDL), Low Density Lipoprotein (LDL),
Very Low Density Lipoprotein (VLDL) mmol/L in patients with EHT throughout the
four weeks of treatment by different regimens of drugs

Grou	p No.	Before treatment	After two weeks of treatment	After four weeks of treatment	LSD
	S.CH	A 5.71 ± 0.51	B 5.27 ± 0.41	A 5.84 ± 0.61	* 0 .39
	S.TG	A 1.94 ± 0.78	A 1.98 ± 0.58	A 1.96 ± 0.41	0.47
Group	S.HDL	B 1.38 ± 0.18	A 1.64 ± 0.30	C 1.07± 0.20	**0.18
one	S.LDL	B 3.45 ± 0.58	C 2.73 ± 0.45	A 3.95 ± 0.40	**0.37
	S.VLDL	A 0.88 ± 0.36	A 0.90 ± 0.26	A 0.89 ± 0.19	0.21
	S.CH	B 4.62 ± 0.47	A 5.84 ± 0.69	A 5.46 ± 0.73	**0.72
	S.TG	C 1.46 ± 0.08	B 1.78 ± 0.08	A 2.15 ± 0.13	**0.11
Group	S.HDL	A 1.27 ± 0.25	BA 1.13 ± 0.12	B 1.05 ± 0.09	*0.19
two	S.LDL	B 2.68 ± 0.49	A 3.90 ± 0.75	BA 3.43 ± 0.81	*0.78
	S.VLDL	C 0.66 ± 0.04	B 0.81 ± 0.04	A 0.97 ± 0.06	**0.05
	S.CH	A 6.35 ± 0.73	A 6.06 ± 0.78	B 5.00 ± 0.78	*0.94
	S.TG	A 3.51 ± 1.96	A 3.17 ± 1.95	A 2.01 ± 1.45	2.22
Group	S.HDL	A 1.35 ± 0.25	A 1.47 ± 0.09	A 1.50 ± 0.04	0.19
three	S.LDL	A 3.42 ± 0.17	A 3.16 ± 0.48	B 2.60 ± 0.41	**0.47
	S.VLDL	A 1.59± 0.89	A 1.44 ± 0.89	A 0.91 ± 0.66	1.01
	S.CH	A 5.35 ± 0.65	A 5.57 ± 0.82	A 5.86 ± 1.03	0.95
	S.TG	A 2.76 ± 0.55	A 2.21 ± 0.63	A 2.27 ± 0.80	0.75
Group	S.HDL	A1.51± 0.23	A 1.31 ± 0.23	A 1.30 ± 0.16	0.23
four	S.LDL	A 2.59 ± 0.78	A 3.25 ± 0.85	A 3.53 ± 1.37	1.16
	S.VLVL	A 1.25±0.25	A 1.00 ± 0.29	A 1.03 ± 0.36	0.34
	S.CH	C 4.87 ± 0.02	A 6.76 ± 0.05	B 5.43 ± 0.12	**0.06
	S.TG	B 2.27 ± 0.01	B 2.25 ± 0.19	A 2.60 ± 0.08	**0.10
Group	S.HDL	A 1.24 ±0.08	B 1.14 ± 0.01	A 1.26 ± 0.02	**0.04
five	S.LDL	C 2.51 ± 0.04	A 4.61 ± 0.15	B 2.95 ± 0.04	**0.08
	S.VLDL	B 1.03 ± 0.02	B 1.02 ± 0.02	A 1.18 ± 0.03	**0.02
	S.CH	B 5.65 ± 0.04	B 5.43 ± 0.03	A 6.62 ± 0.85	**0.41
	S.TG	A 1.93 ± 0.03	C 1.46 ± 0.02	B 1.55 ± 0.02	**0.02
Group	S.HDL	A 1.86 ± 0.09	C 1.30± 0.09	B 1.45 ± 0.03	**0.06
six	S.LDL	C 2.92 ± 0.07	B 3.47± 0.03	A 4.46 ± 0.34	**0.17
	S.VLDL	A 0.87 ± 0.02	B 0.67 ± 0.03	B 0.70 ± 0.09	**0.04

Table 5: The means of serum (BU) mmol/L, (Cr) Mmol/L , (UA)Mmol/L levels in patients with
EHT throughout the four weeks of treatment by different regimens of drugs.

Group	No.	Before treatment	After two weeks of treatment	After four weeks of treatment	LSD
0	S.BU	BA 5.53 ± 0.88	B 5.10 ± 0.44	A 5.76 ± 0.55	* 0 .50
Group	S.Cr	A 110.43 ± 17.11	B 86.36± 20.59	A 102.07 ± 9.54	**12.55
one	S.UA	A 391.14± 9.48	B 268.21± 52.36	B 297.71 ± 68.20	**38.20
0	S.BU	A 4.31 ± 0.41	B 3.72± 0.44	BA 3.97 ± 0.44	*0.48
Group two	S.Cr	A 102.57±7.44	BA 95.86 ± 8.41	B 90.00 ± 8.76	*9.23
two	S.UA	BA 244.71 ± 9.86	A 253.00 ± 8.06	B 235.29 ± 9.09	**10.14
	S.BU	A 5.32 ± 1.37	A 4.92 ± 1.35	A 4.61 ± 1.37	1.68
Group	S.Cr	A 77.67 ± 12.26	A 82.00 ± 10.37	A 86.17 ± 10.98	13.82
three	S.UA	A 289.17 ± 13.32	A278.67 ± 35.62	A 275.83± 39.55	38.98
	S.BU	B 5.34 ± 0.71	A 6.63 ±1.30	B 5.51 ± 0.76	*1.08
Group	S.Cr	A 92.43 ± 10.53	B 79.29 ± 6.65	B 70.43 ± 7.21	**9.33
four	S.UA	B149.14± 18.18	A 247.43 ± 61.76	A223.43 ± 38.50	**48.64
	S.BU	A 4.90 ± 0.08	A 4.85 ± 0.12	A 4.85 ± 0.15	0.10
Group	S.Cr	A 94.00 ± 4.65	B 88.36 ± 6.20	C 81.54 ± 5.42	**4.75
five	S.UA	A 312.36± 10.07	A 306.63 ± 12.39	B 289.09 ± 8.52	**9.10
	S.BU	A5.15±0.13	B 4.35 ± 0.04	C 4.01 ± 0.01	**0.06
Group six	S. Cr	A 85.00 ± 5.12	B 78.00 ± 5.12	B 76.00 ± 5.12	**4.25
	S.UA	B 236.08 ±13.64	B 243.66 ± 11.08	A 270.50 ± 8.53	**9.37

throughout the four weeks of treatment by unreferit regimens of drugs							
Gro	up No.	Before treatment	After two weeks of treatment	After four weeks of treatment	LSD		
Group -	S.Na	A 140.36 ± 1.51	A 140.64 ± 2.06	A 141.14 ± 1.75	1.29		
	S.K	A 4.63 ± 0.32	A 4.64 ± 0.49	A 4.51 ± 0.33	0.29		
one	S.Ca	A 2.27 ± 0.37	A 2.14 ± 0.37	B 1.64 ± 0.16	**0.24		
Croup	S.Na	A140.29 ± 0.95	A 139.57 ± 1.27	A 139.29 ± 0.76	1.14		
Group two	S.K	A 4.93 ± 0.32	B 4.59 ± 0.32	BA 4.77 ± 0.16	*0.31		
lwo	S.Ca	C 2.29 ± 0.13	B 2.58 ± 0.06	A 2.88 ± 0.08	**0.11		
Croup	S.Na	A139.00 ± 0.15	A 138.76 ± 1.69	A 138.50 ± 1.75	2.05		
Group three	S.K	A 4.52 ± 0.15	A 4.46 ± 0.15	B 4.26 ± 0.15	*0.18		
unee	S.Ca	A 2.21 ± 0.54	A 2.18 ± 0.54	A 2.11 ± 5.52	0.66		
Crown	S.Na	A 142.57 ± 1.99	A 141.29 ± 1.11	A 141.43 ± 0.79	1.56		
Group four	S.K	B 4.83 ± 0.33	BA 5.10 ± 0.44	A 5.40 ± 0.55	*0.51		
Ioui	S.Ca	A 2.70 ± 0.18	BA 2.62 ± 0.15	B 2.46 ± 0.13	*0.18		
Croup	S.Na	A 140.25 ± 7.75	A 140.00 ± 6.97	A 140.36 ± 6.20	6.1		
Group five	S.k	A 4.65 ± 0.05	B 4.40 ± 0.08	C 4.35 ± 0.04	**0.05		
nve	S.Ca	C 2.34 ± 0.03	A 2.95 ± 0.02	B 2.86 ± 0.02	**0.02		
Caracter	S.Na	A 139.50 ± 8.53	A 139.50 ± 7.68	A 139.50 ± 6.82	6.40		
Group six	S.k	A 4.40 ± 0.09	B 4.21 ± 0.18	A 4.35 ± 0.04	**0.10		
SIX	S.Ca	A 2.45 ± 0.04	A 2.50 ± 0.09	A 2.50 ± 0.09	0.06		

Table 5: The means of serum (Na,K,Ca) mmol/L levels in patients with EHT throughout the four weeks of treatment by different regimens of drugs

Table 6: The means of serum Lipid Cholesterol (CH), Triglyceride (TG), High Density Lipoprotein (HDL), Low Density Lipoprotein (LDL), Very Low Density Lipoprotein (VLDL) mmol/L in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1.3.5.6) plus (G) or treatment by (G) alone in group (7)

	arago in	<u>groups (1,0,0,0) pro</u>		y (G) alone in group	(')
Group No.		Before treatment plus (G)	After two weeks of treatment plus (G)	After four weeks of treatment plus (G)	LSD
	S.CH	A 5.80 ± 0.56	BA 5.59± 0.56	B5.16 ± 0.55	*0.62
Group	S.TG	A 1.94 ± 0.59	A 1.73 ± 0.59	A 1.52 ± 0.51	0.63
	S.HDL	C 0.97 ± 0.09	B1.19 ± 0.19	A1.37 ±0.16	**0.17
one No.(7)	S.LDL	A 3.96 ± 0.48	A 3.61± 0.46	B3.10 ±0.43	**0.51
	S.VLDL	A 0.88 ± 0.27	A 0.78 ± 0.27	A 0.69 ±0.24	0.29
	S.CH	A 5.00 ± 0.78	A 4.83 ± 0.50	A 4.35 ± 0.46	0.82
	S.TG	A 2.01 ± 1.45	A 1.86 ± 1.42	A 1.57 ±0.97	1.60
Group	S.HDL	C 1.50 ± 0.04	B 1.60 ± 0.05	A 1.79 ±0.06	**0.66
three No.(6)	S.LDL	A 2.60 ± 0.41	BA2.40 ± 0.77	B1.85 ±0.48	**0.71
	S.VLDL	A 0.91 \pm 0.66	A 0.84 ± 0.65	A 0.71± 0.44	0.73
	S.CH	A 5.37 ± 0.46	BA5.17± 0.37	B 4.72 ± 0.25	*0.46
	S.TG	A2.71 ± 0.91	A2.60 ± 0.85	A 2.29 ±0.83	1.07
Group	S.HDL	C1.24 ± 0.09	B1.41 ± 0.10	A 1.57 ±0.10	**0.12
five No.(6)	S.LDL	A 2.91 ± 0.63	BA 2.58± 0.61	B 2.11 ±0.53	*0.73
	S.VLDL	A 1.23 ± 0.41	A1.18 ±0.38	A 1.04 ±0.38	0.48
	S.CH	A 6.82 ± 0.64	A 6.62 ± 0.69	A6.11 ± 0.72	0.84
	S.TG	A 1.52 ± 0.23	BA1.35 ±0.20	B 1.11 ±0.24	*0.28
Group	S.HDL	A 1.53 ± 0.33	A 1.73 ±0.25	A1.87 ±0.38	0.40
six No.(6)	S.LDL	A4.60 ± 0.55	BA 4.28 ±0.62	B3.74 ±0.67	*0.76
	S.VLVL	A 0.69 ±0.11	BA0.61 ±0.09	B 0.50±0.11	*0.13
Group	S.CH	A5.26 ±0.46	A5.00 ±0.48	A 4.86 ± 0.5	0.66
	S.TG	A 1.65 ± 0.50	A 1.40 ± 0.38	A 1.26 ±0.35	0.57
	S.HDL	B1.05 ±0.21	BA 1.28 ±0.16	A 1.41±0.15	*0.24
seven	S.LDL	A3.47 ±0.52	A 3.08 ±0.41	A2.88 ±0.44	0.63
No.(5)	S.VLDL	A 0.75 ±0.23	A 0.63 ± 0.18	A0.57 ± 0.16	0.26

Table 7: The means of serum (BU) mmol/L, (Cr) Mmol/L, (UA)Mmol/L levels in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1,3,5,6) plus (G) or treatment with (G) alone in group (7).

drugs in groups (1,3,5,6) plus (G) or treatment with (G) alone in group (7).							
Group No.		Before treatment	After two weeks of	After four weeks of	LSD		
		plus (G)	treatment plus (G)	treatment plus (G)	100		
Group	S.BU	A 5.74 ± 0.60	A 5.60 ± 0.55	A 5.50 ± 0.52	0.62		
	S.Cr	A 101.57 ± 5.38	A 96.86 ± 4.91	B 90.99 ± 3.75	**5.31		
one No.(7)	S.UA	A 307.71 ± 76.98	A 298.29 \pm 76.58	A 290.43 ± 59.54	80.29		
Group	S.BU	A 4.61 ± 1.37	A4.55 ± 1.40	A 4.44 ± 1.43	1.72		
three No.(6)	S.Cr	A 86.17 ± 10.98	A 82.50 ± 10.41	A 78.00 ± 7.40	11.97		
	S.UA	A 275.83 ± 39.55	A 267.33 ± 36.15	A 258.00± 35.25	45.57		
Crown	S.BU	A 4.86 ± 0.43	A 4.74 ± 0.43	A 4.60 ± 0.46	0.54		
Group five No.(6)	S.Cr	A 78.67± 12.31	A 74.50 ± 10.33	A 69.33 ± 5.68	12.11		
ING NO.(0)	S.UA	A 295.50 ± 52.44	A 291.50 ± 47.70	A 280.00 ±45.38	59.81		
One in aire	S.BU	A 4.97 ± 0.62	A 4.90 ±0.63	A 4.79 \pm 0.64	0.78		
Group six No.(6)	S.Cr	A 77.17 ± 9.37	B 69.33 ± 5.16	B63.67 ±1.21	**7.65		
NO.(0)	S.UA	A 275.33 ±34.90	A 269.17 ± 33.73	A 255.83 ± 24.60	38.70		
Group seven	S.BU	A 3.34 ± 0.57	A 3.22 ± 0.69	A 3.10 ±0.52	0.82		
	S.Cr	A 75.40 ± 8.79	BA71.00 ± 7.97	B64.00 ±5.87	*10.53		
No.(5)	S.UA	A 168.80 ±5.26	BA 165.80 ± 4.82	B 159.40 ± 5.64	*7.24		

Table 7: The means of serum (Na, K,Ca)mmol/L levels in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1,3,5,6) plus (G) or treatment with (G) alone in group (7)

plus (G) or treatment with (G) alone in group (7)					
Group No.		Before treatment plus (G)	After two weeks of treatment plus (G)	After four weeks of treatment plus (G)	LSD
Crewn	S.Na	A 141.43 ± 2.04	BA 139.57 ± 2.82	B 138.29 ± 2.06	*2.62
Group	S.K	A 4.59 ± 0.34	A 4.60 ± 0.71	A 4.68 ± 0.70	0.69
one No.(7)	S.Ca	A 1.66 ± 0.22	A 1.71 ± 0.24	A 1.79 ± 0.27	0.28
0	S.Na	A 138.50 ± 1.76	BA 137.21 ± 1.85	B 135.74 ± 1.86	*2.24
Group three No.(6)	S.K	A 4.27 ± 0.15	A 4.31 ± 0.15	A 4.36 ± 0.14	0.18
	S.Ca	A 2.11 ± 0.52	A 2.10 ± 0.50	A 2.20 ± 0.56	0.65
Croup	S.Na	A 141.00 ± 2.96	A 140.33 ± 1.96	A 138.25 ± 2.23	2.98
Group five No.(6)	S.K	A 4.22 ± 0.37	A 4.25 ± 0.41	A 4.30 ± 0.47	0.51
live No.(6)	S.Ca	A 2.93 ± 0.20	A 2.97 ± 0.22	A 3.00 ± 0.22	0.27
	S.Na	A 140.33 ± 1.03	B 139.02 ± 0.95	C 137.60 ± 0.96	**1.21
Group six No.(6)	S.K	A 4.10 ± 0.66	A 4.10 ± 0.59	A 4.22 ± 0.50	0.72
	S.Ca	A 2.58 ± 0.44	A 2.62 ± 0.39	A 2.70 ± 0.38	0.50
Group	S.Na	A 143.20 ± 1.30	BA 142.40 ± 1.14	B 141.00 ± 1.01	*1.59
seven	S.K	A 4.40 ± 0.25	A 4.40 ± 0.12	A 4.50 ± 0.16	0.26
No.(5)	S.Ca	A 2.45 ± 0.23	A 2.62 ± 0.22	A 2.50 ±0.20	0.30

Table 8: The means of serum Lipid Cholesterol (CH), Triglyceride (TG), High Density Lipoprotein (HDL), Low Density Lipoprotein (LDL), Very Low Density Lipoprotein (VLDL) mmol/L in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1,2,4,5,6) plus (NS) or treatment by (NS) alone in group (8).

Group	No.	Before treatment plus (NS)	After two weeks of treatment plus (NS)	After four weeks of treatment plus (NS)	LSD
	S.CH	A 6.02± 0.51	A 5.89± 0.53	A5.65 ± 0.53	0.54
	S.TG	A 1.99 ±0.15	BA 1.86 ±0.27	B1.69 ±0.15	*0.22
Group	S.HDL	A 1.18 ±0.23	A1.23 ±0.22	A 1.25±0.23	0.25
one No.(7)	S.LDL	A 3.95 ±0.34	A 3.82 ±0.40	A3.63 ±0.36	0.41
	S.VLDL	A 0.90 ±0.07	BA 0.84 ±0.12	B0.76 ±0.07	*0.10
	S.CH	A 5.46 ± 0.73	A 5.28± 0.68	A 5.08 ±0.83	0.84
	S.TG	A 2.15 ±0.13	BA 2.02 ±0.24	B1.84 ±0.22	*0.22
Group	S.HDL	A1.05 ±0.09	A1.08 ±0.13	A 1.11±0.18	0.15
two No.(7)	S.LDL	A 3.43 ±0.81	A 3.29 ±0.73	A3.13 ±0.96	0.94
	S.VLDL	A 0.97±0.06	BA 0.92 ±0.11	B0.84 ± 0.10	*0.10
	S.CH	A 5.86 ± 1.03	A 5.63± 0.98	A 5.50± 1.02	1.13
	S.TG	A 2.27 ± 0.80	A 2.21 ±0.75	A 1.97±0.68	0.83
Group	S.HDL	A 1.30 ± 0.16	A1.34 ±0.19	A 1.41±0.19	0.20
four No.(7)	S.LDL	A 3.53 ±1.37	A 3.28 ± 1.32	A 3.21±1.33	1.51
	S.VLDL	A 1.03 ±0.36	A 1.00 ±0.34	A 0.89± 0.31	0.38
	S.CH	A 5.44± 0.65	A 5.28± 0.61	A 5.11± 0.59	0.85
	S.TG	A 2.47 ±0.30	A 2.31±0.33	A2.21 ±0.30	0.43
Group	S.HDL	A 1.28 ±0.56	A 1.34 ±0.53	A 1.35 ±0.39	0.69
five No.(5)	S.LDL	A 3.03 ±1.13	A 2.89 ±1.08	A 2.75 ±0.85	1.42
	S.VLVL	A 1.12 ±0.14	A 1.05 ±0.15	A 1.00±0.14	0.20
	S.CH	A 6.42±0.85	A 6.27±0.84	A 6.04± 0.89	1.06
	S.TG	A 1.59±0.17	BA 1.45± 0.17	B1.32 ±0.19	**0.22
Group	S.HDL	A 1.37±0.45	A 1.40 ±0.45	A 1.44 ±0.50	0.58
six No.(6)	S.LDL	A 4.33±0.74	A 4.24 ± 0.73	A 4.00± 0.77	0.92
	S.VLDL	A 0.72±0.08	BA0.66± 0.08	B0.60 ± 0.09	*0.10
	S.CH	A 5.46± 0.29	A 5.36 ±0.28	A 5.20 ± 0.29	0.39
	S.TG	A 1.70±0.63	A 1.57 ±0.60	A 1.30 ±0.38	0.75
Group	S.HDL	A1.46 ±0.27	A 1.50±0.26	A 1.55 ± 0.09	0.31
eight No.(5)	S.LDL	A 3.27 ± 0.23	A 3.15 ± 0.22	A 3.06 ± 0.28	0.34
	S.VLDL	A 0.77±0.29	A 0.71± 0.27	A 0.59± 0.20	0.43

Table 8: The means of serum (BU) mmol/L, (Cr) Mmol/L, (UA)Mmol/L levels in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1.2.4.5.6) plus (NS) or treatment with (NS) alone in group (8)

		(1,2,4,5,6) plus (NS) o	r treatment with (NS)	alone in group (8)	
Group No.		Before treatment plus (NS)	After two weeks of treatment plus (NS)	After four weeks of treatment plus (NS)	LSD
Crewn	S.BU	A 5.79 ± 0.55	A 5.50 ± 0.66	A 5.48 ± 0.41	0.62
Group one No.(7)	S.Cr	A 101.86 ± 13.56	A 99.57 ± 13.10	A 95.82 ± 12.78	14.77
one $\operatorname{No.}(7)$	S.UA	A 287.71 ± 62.60	A 274.29 ±62.63	A 263.00 ± 60.33	69.47
Crown	S.BU	A 3.97 ± 0.44	A 3.83 ± 0.49	A 3.68 ± 0.51	0.54
Group tow No.(7)	S.Cr	A 90.00 ± 8.76	A 88.14 ± 12.40	A 85.00 ± 12.01	12.55
10W NO.(7)	S.UA	A 235.29 ± 90.90	A 225.71 ± 9.88	B 210.00 ± 16.41	**13.74
Crewn	S.BU	A 5.51 ± 0.76	A 5.39 ± 0.79	A 5.20 ± 0.78	0.87
Group four No.(7)	S.Cr	A 70.43 ± 7.21	A 68.29 ± 5.38	A 65.43 ± 5.13	6.71
1001 $100.(7)$	S.UA	A 223.43 ± 38.50	A 211.43 ± 34.58	A 195.86 ±40.71	42.69
0	S.BU	A 4.73 ± 0.51	A 4.61 ± 0.49	A4.43± 0.48	0.68
Group five No.(5)	S.Cr	A 85.00 ± 11.05	A83.40 ± 11.28	A80.00 ± 8.51	14.27
IIVE NO.(3)	S.UA	A 281.40 ±66.02	A 270.60 ± 66.36	A 256.60 ± 60.02	88.47
	S.BU	A 5.05 ± 0.35	A 4.84 ± 0.52	A 4.75±0.52	0.58
Group	S.Cr	A 74.83 ± 5.15	BA 70.17 ± 4.92	B 67.33 ± 3.20	*5.55
six No.(6)	S.UA	A 265.67 ±19.60	BA 247.33 ±18.06	A 241.50 ± 19.77	*23.58
Group eight No.(5)	S.BU	A 3.70 ± 0.89	A3.55 ± 0.87	A 3.40± 0.91	1.23
	S.Cr	A 67.60 ± 4.51	BA 65.20 ± 4.15	B 62.20±2.68	*5.32
	S.UA	A 228.80 ±75.59	A 212.60 ± 72.27	A201.00±66.75	98.70

Table 8: The means of serum (Na,K,Ca) mmol/L levels in patients with EHT throughout the four weeks of treatment by different regimens of drugs in groups (1,2,4,5,6) plus (NS) or treatment with (NS) alone in group (8).

treatment with (NS) alone in group (8).					
Group No.		Before treatment plus (NS)	After two weeks of treatment plus (NS)	After four weeks of treatment plus (NS)	LSD
Group one No.(7)	S.Na	A 141.14 ± 1.57	A 141.00 ± 1.59	A 140.84 ± 1.55	1.77
	S.K	A 4.43 ± 0.31	A 4.46 ± 0.39	A 4.54 ± 0.40	0.41
	S.Ca	A 1.62 ± 0.08	A 1.59± 0.11	A 1.54 ± 0.10	.0.11
Group two No.(7)	S.Na	A 139.29 ± 0.76	A139.11 ± 0.76	A 138.95 ± 0.82	0.88
	S.K	A 4.77 ± 0.16	A 4.85 ±0.10	A 4.90 ± 0.09	0.14
	S.Ca	A 2.88 ± 0.08	A 2.83 ± 0.08	A 2.79± 0.09	0.10
0	S.Na	A 141.43 ± 0.79	A 141.30 ± 0.77	A 141.12 ± 0.98	0.95
Group four No.(7)	S.K	A 5.40 ± 0.55	A 5.40 ± 0.48	A 5.50 ± 0.49	0.57
	S.Ca	A 2.46 ± 0.13	A 2.42± 0.10	A 2.37±0.10	0.13
0	S.Na	A 139.60 ± 0.89	A 138.50 ± 0.74	A139.30 ±1.14	1.29
Group five No.(5)	S.K	A 4.52 ± 0.41	A 4.58 ± 0.40	A 4.65 ±0.83	0.80
	S.Ca	A 2.77 ±0.13	A 2.74 ± 0.14	A 2.69 ± 0.11	0.17
Group six No.(6)	S.Na	A 138.67 ± 3.88	A138.62± 1.58	A138.36 ±1.61	3.19
	S.K	A 4.61 ± 0.15	A 4.64± 0.14	A 4.70±0.23	0.22
	S.Ca	A 2.32 ±0.36	A 2.28± 0.33	A 2.33 ± 0.30	0.41
Group eight No.(5)	S.Na	A 142.06 ± 0.93	A 141.20 ± 0.84	A 141.00 ± 2.65	2.33
	S.k	B 4.40 ± 0.34	B 4.40 ± 0.21	A 5.00 ±0.14	**0.34
	S.Ca	A 2.48 ±0.25	A 2.44± 0.09	A 2.40 ± 0.13	0.23

DISCUSSION

In present study different regimens of antihypertensive drugs and medicinal plants were used to treat patients with moderate to severe EHT then reach to the normal level of BP. Ramipril induced a strong inhibition of plasma angiotensin converting enzyme activity (13) it was used and produced a significant reduction in BP group (1) may be increase of bradykinin concentration (20).

Using felodipine to treat moderate EHT group (2) related to decrease the secretion of endothelin (ET), angiotens – Ang II and thromboxane A2 (TXA (2)) (43).

Candesartan cilexetil used to treat patients with moderate EHT and caused reduce arterial blood pressure level after one week of treatment group (3) while (7) found reduction in the EHT after (2) weeks , this is due to the high compliance to the drug which is used , in the present study candesartan may suppress sympathetic nerve activity by inhibiting the rennin-angiotensin system in the brain on middle-aged elderly women with hypertension and menopausal like symptoms (23) may occur in women with mean of age 54 years group (3). A significant reduction in EHT in patients group (4) were treated by metoprolol tartarate and it may be related to increase the vagal activity and baroreflex sensitivity (53) . In the present study the target BP levels was not a chieved after few days of therapy with one or two drugs in groups (5,6) but after treatment by combination of drugs there was a greater reduction in BΡ compared as with monotherapy improvement by of antihypertensive drugs efficacy which result

from dual mechanistic action of component that targeting different effector mechanism (6) . Felodipine in high dose group (6) may exert antihypertensive action mineralcorticoid receptor, compete with aldosterone for binding and block aldosterone – induced coactivator recruitment to mineral – corticoid receptor (14) .Also combination of B-blocker with (CCBs) decrease hypertension by reducing cardiac output and suppressing renin with Bblocker.

CCBs reduce peripheral vascular resistance (19). Reduction in BP level may be related to reduce of plasma leptin level and also to increase in adiponectin level (29) after administration of lomg ramipril.

Using garlic alone or in combination with drugs groups (1,3,5,6,7) caused a significant reduction in EHT by it possible increase the production of nitric oxide (3) (35), also by exert an indirect vasodilator effect by hydrogen sulphide synthesis which is a potent vasodilator (32) or garlic ability to inhibit angiotensin converting enzyme invitro (40) or reducting intracellular Na concentration and normalized blood pressure(4).NS produced a significant lowering in EHT levels after used alone or in combination with drugs to treat mild EHT group, may related to it's diuretic effect(57) or decrease the arterial blood pressure and heart rate (48) or its antioxidant activity (27).

Table (4) after treatment with ramipril group (1) an significant elevation in serum LDL and decrease in HDL, this may differ from the results of (28) that ramipril caused decrease.in CH, LDL, HDL after one year and ramipril alone didn't significantly change the lipoprotein and C- reactive protein, so our results due to the short period of treatment. After using felodipine group (2) there was a significant increase in serum CH, TG, VLDL and decrease in HDL this differ from results of (47),(38) which demonstrated that felodipine caused lowering in CH. TG and elevation in HDL after 10,8 weeks respectively, so our results may be related to the short period of treatment with felodipine. Treatment with candesartan in group (3) caused a significant decrease in serum CH similar to (44) study, also produced lowering to serum LDL due to reducing oxidized LDL level (36) this effect is related to inhibition of CD40, MMPs or inhibition of the expression of Lox -1 receptor for oxidized LDL on endothelial cell. (54) Treatment with metoprolol group (4) produced no significant changes in serum lipid these consistent with results by (16) when used metoprolol succinate for 12 weeks. Combination of felodipine, valsartan group (5) lead to a significant elevation in serum CH, LDL, TG, VLDL, this occurred due to the short duration of therapy by felodipine to neutralize the serum lipids and valsartan may have no possible beneficial effect on serum lipid because variation in the response of patients to improvement effect on lipid profile.

Treatment with a combination of felodipine, ramipril and metoprolol group (6) produced a significant elevation in serum CH, LDL, these results may occur due to the short period of treatment by CCBs, Angls, to improve serum lipid may related to action of metoprolol (58),(10), and inhibition of lecithin cholesterol acyltransferase enzyme (39) and decrease in hepatic LDL receptors (31) while reduction in serum TG, VLDL may due to the diet of patients . In our study G in group (7) caused no significant changes in lipid profile, may due to normal levels of lipid before treatment except LDL level that G is not clinically relevant lipid - lowering in normal - lipidaemic individuals (52) but an significant increase in serum HDL level. G in Combination with drugs provided a significant improvement in some serum lipid profile levels related to the synergistic action between G and drugs, so G has a sulfur containing compound including allicin the active substance (49) so garlic and its constituents inhibit the synthesis of CH and TG synthesis (59), (40).

Garlic caused a significant increase in serum HDL levels so it appears to be an important protective factor against heart disease and stroke (25) . Using G in human increase resistance of LDL oxidation that suppress LDL oxidation it's a powerful mechanisms for antiatherosclerotic properties of G (30) . After using NS alone or in combination with drugs there was no significant improvement in most serum lipid may be related to small dose of NS or short period of therapy that differ from the experimental studies of (34), (2) and (12) that NS lowered the lipid level and elevated HDL after treatment by 800mg / day orally for 4 weeks and 30mg / kg BW for 12-20 weeks. Treatment with ramipril group (1) caused a significant reduction in serum UA, Ca levels which is related to the improvement of renal glomerular hemodynamic and internal dynamics of ACEIs, while using felodipine group.(2) produced a significant reduction in serum Cr level that consistent to the results of (18) . Using candesartan group.(3) produced non significant changes in serum UA level because it has no lowering effect on serum UA acid so exhibited no cis inhibitory effect on the uptake of UA by renal uric acid transporter which is an important factor controlling the serum uric acid level (51), (24) also non significant changes in serum BU, Cr, Na, Ca levels which were consistent to the results of (50) and candesartan caused a significant reduction in serum K level but (41) found that there was non significant reduction in K. Treatment with metoprolol group (4) produced a significant decrease in serum Cr and elevation in serum UA, these consistent to the study of (21) and produced increase in serum K level, this may be related to excessive potassium intake as in the study of (22) and reduce in serum Ca level. Combination of felodipine and valsartan group (5) caused a significant reduction in serum Cr, UA, K levels and elevation of serum Ca level these related to the effect of both drugs, while treatment with felodipine ramipril and metoprolol group (6) produced a significant decrease in serum BU, Cr, levels may be due to the action of drugs and elevation in serum UA may be related to the effect of drugs or the diet consumption by the patients.

Using G alone or in combination of drugs caused a significant decrease in serum Cr in groups (1, 6, 7) and BU, UA, group (7) G imply that could be beneficial to improve some renal function by its antioxidant properties and free radical scavenging abilities in various diseases (54), (11) . Also a significant reduction in serum Na level groups (1, 3, 6, 7) may related to synergistic effect between G and different drugs, indicating that G is useful in the management of electrolytes related disorder (1), while treatment by NS alone or in combination caused non significant reduction in serum BU, Cr, UA, K, Na, Ca levels in most groups may related to small dose or short time of treatment or the normal values of these parameters.

REFERENCES

- Abubakar A, Ezekiel CI and Mokogwu ATH. Effect of different aqueous extracts of garlic on some electrolytes and urea levels in rats. Journal of pharmacy and Bioresources, 2005; 2(1):1-4.
- 2. Ali HB and Blunden G. Pharmacological and toxicological properties of Nigella sativa. Phytother Res. 2003;17(4):299-305.
- Al-Qattan KK, Thomson M and Al-Mutawa'a S. Nitric oxid mediates the blood pressure lowering effect of garlic in the rat two kidney, one clip model of hypertension. J Nutr. 2006;136:774S – 776 S.
- Al-Qttan KK, Khan I, Alnaqeeb MA and Ali M. Mechansim of garlic (Allium sativum) induced reduction of hypertension in 2K – 1C rats: a possible mediation of Na/H exchanger isoform-1. Prostaglandin, leuckotriens and essential fatty acids. 2003;69: 217-222.
- 5. Awtry EH and Lascalzo J. Vascular diseases and Hypertension. "Cecil essentials of medicine". 6th ed. Saunders, USA. 2004;13:155-173.
- Bangalore S, Shahane A, Parkar S and Messerli FH. Compliance and fixed – dose combination therapy. Current Hypertension Reports. 2007; 9(3):184-189.
- Bell TP, Dequattro V and Lasseter KC. Effective dose range of candesartan cilexetil for systemic hypertension. The American Journal of Cardiology. 1999; 15(83): 272-275.
- Blumenfeld JD and Laragh JH. Essential hypertension "The Kidney". 7th ed, Sanuders, USA. 2004;2(45): 2023-2063.
- Boon NA, Colledge NR, Walker BR and Hunter JA. "Davidson's Principles and practice of medicine", 20th ed: Churchill Livingstone, India. 2006;18: 610.
- 10. Celik T, Yukse C and Iyisoy A. Effects of nebivolol on platelet activation in hypertensive patients: A Comparative study with metoprolol. International Journal of Cardiology. 2007;116:206-211.
- Cruz C. Renoprotective and antihypertensive effects of S-allyl cysteine in 5/6 nephrectomized rats. Am J physiol Renal physoil. 2007; 293:F1691-F1698.

- Dahri All, Chandiol AM, Rahoo AA and Memon RA. Effect of Nigella sativa (Kalonji) on serum cholesterol of albino rats. J Ayub Med Coll Abbottabad. 2005;17(2): 72-4.
- Demolis P, Chalon S and Annane D. Effects of angiotensin converting enzyme inhibitor, ramipril, on intracranial circulation in healthy volunteers off. Br J Clin Pharmacol. 1992;34(3): 224-230.
- 14. Dietz JD, Sarah DU and Bolten CW. A number of marketed dihydropyridine calcium channel blokers have mineralocorticoid receptor antagonist activity. Hypertension. 2008;51:742-748.
- 15. Dominiczak AF- Negrin DC and Clark JS. Genes and Hypertension. Hypertension. 2000;35:164-172.
- 16. Falkner B and Kushner H. Treatment with metoprolol succinate, a selective beta adrenergic blocker, lower blood pressure without altering in sulin sensitivity in diabetic patients. J Clin Hypertens. 2008;10(1): 51-57.
- Fisher ND and Williams GH. Hypertensive vascular disease. "Harrisons Pripciples of Internal medicine". 6th ed. McGraw Hill, USA. 2005;2(230): 1463 – 1481.
- Francischetti A, Ono H and Frohlich ED. Renoprotective effects of felodipine and or Enalapril in sportaneously Hypertensive Rats with and with out L-NAME. Hypertension. 1998;31:795-801.
- 19. Frishman WH, Hainer JW and Sugg T. A factorial study of combination hypertension treatment with metoprolol succinate extended release and felodipine extended release. AJH. 2006;19:388-395.
- 20. Gerstein HC. Effects of ramipril on cardiovascular and microvascular out comes in people with diabetes mellitus the HOPE study and MICRO HOPE sub study. Lancet. 2000; 355.
- 21. Hannele L, Markku L and Matti T. Short term metabolic effects of isradipine and metoprolol in preeclampsia. Journal of Hypertension, 1999;17(8):1189-1194.
- 22. Hawboldt J. Possible metoprololinduced hyperkalemia. Journal of pharmacy practice. 2006;19(5):320-325.
- 23. Ikeda H, I Noue T and Uemura S. Effects of candesartan for middle – aged and elderly women with hypertension and menopausal like

symptoms. Hypertens Res. 2006;29: 1007-1012.

- 24. Iwanaga T, Sato M, Maeda T, Toshio O and Tamai I. concentration -Dependent Mode of Interaction of Angiotensin II Receptor Blockers with Uric Acid Transport. Journal of Pharmacology and Experimental Therapeutics. 2007; JPET 320:211-217.
- 25. Jain AK. Can garlic reduce levels of serum lipids? A controlled clinical study. Am J of medicine. 1993;94(6): 632-5.
- 26. Kaplan NM. "KAPLAN'S CLINICAL HYPERTENSION". 8th ed. Lippincott Willams & Wilkins, USA. 2002;2:29, 4: 158, 7: 237-338.
- 27. Khattab MM and Nagi MN. Thymoquinone supplementation attenuate hypertension and renal damage in nitric oxide deficient hypertensive rats. Phytother Res. 2007
- 28. Koh KK, Son JW and Ahn JY. Simvastatin combined with ramipril treatment in hypercholesterolemic patients. Hypertension. 2004;44:180-185.
- 29. Koh KK, Quan MJ and Lee Y. Additive beneficial cardiovascular and metabolic effects of combination therapy with ramipril and candesartan in hypertensive patients. Eur Heart J. 2007; 28(12): 1440-7.
- 30. Lau BH S. Suppression of LDL oxidation by garlic. J Nutr. 2001;131: 985S 8S.
- 31. Lopez NC, Corral JL and Rincon LA. Nitrendipine and atenolol in essential hypertension in young and middleaged patients: Effect on serum lipids and left ventricular mass. J Cardiovasc. Pharmacol, 1991;18 Suppl 1: 101-5.
- 32. Martinez MC, Corzo N and Villamiel M. Biological properties of onions and garlic. Trend in food science & Technology. 2007;18:609-625.
- McAnaw J and Hudson SA. Chronic Heart Pharmacology and Therapeutic. Failure. "Clinical pharmacology and therapeutic": 4th ed. Churchill Livingstone, China. 2007;21:298-318.
- 34. Mohamed EL, Naglaa and Madiha Abdel H. Nigella sativa L oil protects against induced hepatoxicity and improves serum lipid profile in rats. Arzneimitte-forschung, 2000 ; 50(9): 832-6.

- 35. Mousa AS and Mousa SA. Cellular effects of garlic supplements and antioxidant vitamins in lowering marginally high blood pressure in humans pilot study. Nutrition Research. 2007;27:119-123.
- 36. Muda P, Kampus P, Teesalu R and Zilmer K. Effects of amlodipine and candesartan on oxidized LDL level in patients with mild to moderate essential hypertension. Blood pressure. 2006;15(5): 313-8.
- 37. Oates JA and Brown NJ. Antihypertensive agents and the drug therapy of hypertension. "Good man and Gilman's. The Pharmacological Basis of Therapeutics".10th ed. MaGraw Hill, USA. 2001;33:871-900.
- 38. Park SC, Radin MJ, Hoepf T and McCune SA. Comparison of verapamil and felodipine treatment on lipid and glucose metabolism in obese female SHHF / mcc Fa^{CP} Rat. Biology and Medicine. 1999;221(3):224-233.
- Pesant H, Mare-Aurele J and Bielmann P. Metabolic and antihypertensive effects of nebivolol and atenolol in normometabolic patients with mild to moderate hypertension. Am J Ther. 1999;6(3):137-47.
- 40. Rahman K and Lowe GM. Garlic and Cardiovascular Disease. A Critical Review. J Nutr. 2006;136:736S-740S.
- 41. Rayner BL, Trinder YA, Baines D, Isaacs S and Opie LH. Effect of Losartan versus Candesartan on uric acid, renal function, and fibrinogen in patients with hypertension and hyperuricemia associated with duretics. AJH. 2006;19:208-213.
- 42. SAS, 2001. SAS User's Guide, SAS personal of computers. Inst, Inc, Cary, NC. USA.
- Song H, Bao W, Wang H and Guipeng An. Effects of extended – release felodipine on endothelial vasoactive substance in patients with essential hypertension. Clin Chem Lab Med, 2008;46(3):393-395.
- 44. Strawn WB, Chappell MC and Dean RH. Inhibition of early atherogenesis by losartan in monkeys with dietinduced hypercholesterolemia. Circulation. 2000;101:1586-1593.
- 45. Subhi MD. "Blood pressure profiles and hypertension in Iraqi primary school children". Saudi Med J, 2006; 27(4): 482-486.
- 46. Sutters M. Systemic Hypertension. "Current medical diagnosis &

treatment". 46th ed. McGraw Hill, USA. 2007;11:429-459.

- Swain TK, Das M, Kanungo S and Patnaik J. Benificial effect of low dose felodipine on serum cholesterol of rabbits fed on a therogenic diet. Indian Journal of Pharmacology. 1995;27(2): 133-5.
- 48. Tahir KE, Ashour MM and Al-Harbi MM. The cardiovascular action of the volatile oil of the black seed (Nigella sativa) in rats. Gen pharmacol. 1993; 24(5): 1123-31.
- 49. Tattelman E. Health effects of garlic. American family physician. 2005;72: 103-106.
- 50. Tepel M, Giet Mvd and Zidek W. Efficacy and tolerability of angiotensin II Type 1 receptor antagonist in dialysis patients using AN69 dialysis membrane. Kidney and blood pressure research. 2001;24(1): 71-74.
- 51. Toshihiro H, Einosuke M and Koichi M. The effects of losartan and candesartan on urate metabolism were compared in hypertensive patients. Japan Sicience and Technology Agency. 2005; 29(1): 27-31.
- 52. Turner B, Molgard C and Marckman P. Effect of garlic (Allium sativum) powder tables on serum lipid, blood pressure and arterial stiffness in normo-lipidaemic volunteers: a randomized, double-blind, placebocontrolled trial. British Journal of Nutrition. 2004;92:701-706.

- Vesalainen RK, Kanta MI, Airaksinen J, Tahvanainen K and Kaila TJ. Vageal Cardia activity in essential hypertension: The effects of metoprolol and ramipril. AJH. 1998; 11:649-658.
- 54. Wongmekiat O and Thamprasert K. Investigating the protective effects of aged garlic extract on cyclosporine – induced nephrotoxicity in rats. Fundam Clin Pharmacol. 2005; 19(5): 555-562.
- 55. World Intellectual Property Organization. Therapeutic Treatment. WO/ 2005/ 030215.
- 56. Wright JT, Bakris G and Greene T. Effect of blood pressure lowering and antihypertensive drug class on progression of hypertensive kidney disease. Results from the AASK trial JAMA. 2002;288:2421-2431.
- 57. Zanchetti A. Addition of urapidil or metoprolol to the treatment of hypertensive non-responders to nifedipine monotheray: efficacy and metabolic effects. Italian Urapidil study group. Blood press Suppl. 1995;3:38-46.
- Zaoui A, Cherrah Y, Lacaille-Dubois MA. Diuretic and hypotensive effects of Nigella sativa in the spontaneously hypertensive rat. Therapie, 2000; 55(3): 379-382.
- 59. Zhou Z, Tan HL, XBX, Ma ZC, Go OY and Wang SQ. Microarry analysis of altered gene expression in diallyl trisulfide-treated HepG2.