



CODEN [USA]: IAJPBB

ISSN : 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

Available online at: <http://www.iajps.com>

Research Article

**A MULTICENTRIC EVALUATION OF CONTINUAL RELIEF
SYNTHETIC ORGANIC IN THE CURE OF HYPERPIESIS IN
OTD-VICTIM PRACTICE**¹Aimen Iftikhar, ²Dr Bilal Jawaid, ³Dr Kiran Shahzadi¹Allied Hospital Faisalabad, ²Muhammad Medical College Mirpurkhas, ³AIMTH Sialkot

Article Received: November 2020 Accepted: December 2020 Published: January 2021

Abstract:

Aim: Recently diagnosed victims and victims who discontinued cure were also included in the research. Fifty-six victims with moderate essential hyperpiesis (with diastolic blood pressure values between 106-120 mm Hg) showed inadequate control, problematic side effects, or a combination of both were selected for the research.

Place and Duration: From December 2018 to May 2019, in the Services Hospital Lahore for six months duration.

Methods: The regimen consisted of 160mg of Synthetic organicol in continual relief formulation (Trasicor 160 SR.) and 25mg of Chlorthalidone (Hygroton) administered once daily in the morning, for eight weeks. The average duration of hyperpiesis was five years, and the average heart rate and blood pressure at the beginning of the research were 93- and 177/112-mm Hg, respectively. This research included 56 victims.

Adverse reactions were observed in 10 victims (17.9%) and were mild; in no case was it necessary to discontinue cure earlier due to adverse reactions. At the end of the research, average heart rate and blood pressure were 77- and 145/89-mm Hg, respectively. 45 of 45 victims (80%) had diastolic hypotension of 95 mm Hg or less.

Conclusion: A single morning dose of continual relief formulation in a victim in moderate essential hyperpiesis improves compliance. This research showed a combination of Synthetic organicol slow relief (Trasicor 160 SR.) and 25 mg chlorthalidone (Hygroton) administered once daily cause normalization of blood pressure in about 80% of victims.

Corresponding author:**Aimen Iftikhar,**

Allied Hospital Faisalabad.

QR code



Please cite this article in press Aimen Iftikhar et al, A Multicentric Evaluation Of Continual Relief Synthetic Organic In The Cure Of Hyperpiesis In OTD-Victim Practice., Indo Am. J. P. Sci, 2021; 08(1).

INTRODUCTION:

Various reports (Blackwell, "1973; Galley, 2009; Ayd, 2011) show that as the frequency of dosing increases, compatibility with cure decreases. Beta receptor contenders are usually used to treat primary hyperpiesis. On the way to achieve a pleasing healing response, they are usually prescribed two or else three times a day and can be combined with vasodilators, adrenergic, diuretics neuron methyl dopa and blockers. Oxsprenolol is usually used two to three times a day to achieve a therapeutic antihypertensive effect. The disadvantage of daily multiple doses is worrying when long-term cure is needed, as is primary hyperpiesis. Oxsprenolol is a beta blocker with effective antihypertensive properties. The duration of action is longer than the plasma concentration suggests, but probably does not exceed 8-12 hours (Brunner et al. 2010). High compound concentrations also last much longer and are associated with a prolonged beta-blocking effect that lasts up to 24 hours. West et al. (1976) showed that 160 mg continual relief Synthetic organicol was produced similarly to 80 mg traditional Synthetic organicol and produced maximum blood levels at almost the same rate. An additional advantage is the reduction in maximum concentration, thus minimizing a significant decrease in heart rate and possible fatigue that may occur when plasma levels are high during exercise (Owens, 2012). Therefore, the goal of extending the half-life of the drug was achieved by developing a continual relief formulation.

Beta-blockers reduce cardiac output and diuretics at least reduce peripheral resistance during long-term administration (Lund-Johansen, 2016; Simpson, 2014). Chlortalidone is a commonly used diuretic to treat high blood pressure. Because it has a long duration of action, once-daily dosing seems appropriate. In addition, beta-blockers may attenuate the renin-stimulating effect of diuretics and attenuate the hypokalemic effect (Hettiarachchi et al., 2015). Although a wide range of dose levels can be used, in practice 160 mg of oxrenolol in combination with 25

mg of chlortalidone appears to be an effective dose (Raftery, Elsdon Dew et al). Most authorities agree that beta blockers and diuretics are groups of drugs with different modes of action that are useful in treating moderate hyperpiesis.

This research is an open assessment of the general conditions of practice for individual physicians, each of whom may have a maximum of five victims. Hence this research was designed to examine the feasibility of substituting once-daily cure with continual relief synthetic organicol hydrochloride and chlortalidone in group of hypertensive victims whose current cure was giving inadequate blood pressure control, troublesome side-effects or a combination of both.

VICTIMS AND METHODS:

The research included victims with moderate essential hyperpiesis (with diastolic back pressure values between 106-120 mm Hg), inadequate monitoring of current cure, problematic side effects, or a combination of both. The blood pressure and pulse rate were recorded and tolerance was assessed, the nature, duration and severity of any adverse effects were recorded. In the Services Hospital Lahore for six months duration from December 2018 to May 2019. All victims were regularly monitored at two-week intervals. Recent cases and victims who discontinued cure were also included. The regimen contained 160 mg Synthetic organicol (TRASI-COR 160 SR) in a continual relief formulation and 25 mg chlortalidone (HY-GROTON) administered once a day in the morning for eight weeks.

RESULTS:

The average duration of hyperpiesis was five years and the average arterial pressure at the beginning of the research was 177/112 mm Hg. Heart rate and blood pressure results are shown in Table I. The final analysis reported 56 cases, average age 52 years (26-75 years), 30 men and 26 women.

Table 1: Heart Rate and Blood Pressure During Trial						
Parameter		Pretrial	Week 2	Week 4	Week 6	Week 8
Heart Rate	Average	93	82	79	79	77
b/min	St. Dev.	14.3	10.9	10.2	10.2	8.5
Systolic B.P.	Average	177	162	155	148	145
(mm of Hg)	St. Dev.	25.1	23.6	18.0	16.0	16.7
Diastolic B.P.	Average	112	100	95	92	89
(mm of Hg)	St. Dev.	11.9	10.8	9.7	8.6	8.2

The average systolic and diastolic blood pressure at the beginning of the research were 177- and 112-mm Hg, respectively, and 145- and 89-mm Hg at the end of the research. At the end of the research, 45 of 56 victims (80%) had diastolic suppression of 95 mm Hg or less. The average heart rate at the beginning of the research was 93 and 77 at the end.

Table 2: Duration of Hyperpiesis	
Duration of Hyperpiesis	No. of Cases
Less than 1 Year	18
1-5 Years	20
6-10 Years	5
Above 10 Years	6
Unknown	7

Table II shows the duration of hyperpiesis in 56 victims; The average duration of hyperpiesis is five years.

Table 3: Preference of Therapy

Preference	No. of Victims	%age
Original Therapy	1	2%
Trasicor SR	43	77%
No Preference	12	21%

Table III shows cure preferences. At the end of the research, each victim was asked for a cure preference. Forty-three victims (77%) preferred TRASICOR 160 SR, 12 victims did not, and one victim preferred primary cure.

Table 4: Absolute Reduction Expressed as Percentage

Parameter	Pre/Trial	Completion of Trail	Absolute Reduction Expressed In %
Systolic B.P. (mm of Hg)	177	145	18%
Pulse	93	77	17%
Diastolic B.P. (mm of Hg)	112	89	21%

Pulse frequency decreased by 16.4%, systolic blood pressure by 182% and diastolic blood pressure by 20.55%. Table IV shows the absolute reduction in pulse rate and systolic and diastolic blood pressure.

Table 5: Previous Therapy

1	Vasodilators (monotherapy)	Nil
2	Diuretics (monotherapy)	5
3	Beta Blocker (conventional)	3
4	Methyldopa (monotherapy)	17
5	Therapy Not Known	8
6	No Therapy	7
7	Combination Therapy	16

17 victims were on methyldopa monotherapy and 16 on combination therapy. Table V shows details of previous therapy.

Table 6: Unwanted Effects

Symptoms	Severity	No. of Victims
Headache & Nausea	Moderate	1
Drowsiness	Moderate	2
Numbness of Extremities	Mild	1
Weakness	Mild	5
Dryness of Mouth	Mild	1

Weakness was the "most common side effect" and was seen in 5 victims. Table VI shows the adverse reactions observed in ten victims (17.9%);

DISCUSSION:

Victim cooperation in intact antihypertensive cure is one of the most important factors in achieving satisfactory blood pressure control. It is well known that the prognosis of hyperpiesis can be improved by appropriate cure, provided that victims take regularly prescribed medications (Dollery and Bulpitt, 2015). The need to take the daily number of pills for a long time often causes poor sleep (Havnes and Sackctt, 2016). The percentage of victims who stop taking antihypertensive drugs has been shown to increase to 50% in the first year of cure and to around 70% in 4 years (Cladwell et al, 2012; Haynes and Sackctt, 2016).

CONCLUSION:

This research showed that the combination of slow relief oxrenolol and chlortalidone administered once daily resulted in normalization of blood pressure in approximately 80% of victims with moderate hyperpiesis. Our results confirm that the daily combination of Synthetic organicol + chlortalidone is well tolerated and allows normalization of diastolic blood pressure (less than 95 mm Hg) in 70% of hypertensive victims (Zan-chetti et al., 2014).

REFERENCES:

- Forrest, W. A. "A multicentric evaluation of continual relief Synthetic organicol in the management of hyperpiesis in hospital out-victim practice." *Journal of International Medical Research* 6, no. 2 (1978): 136-140.
- Elsdon-Dew, R.W., Murphy, J.E., Ebbut, A.F. (1978) Trasidrex (A fixed combination of slow Trasicor 160mg and Navidrex 0.25mg) in cure of hyperpiesis. A multicentric Clinical Trial in General Practice. *Journal Int. Med. Res.*, 6:494.
- Haynes, R.B., Sackett, D.L. Compliance with therapeutic regimens. Baltimore John Hopkins University Press, 1976.
- Lund-Johansen, P. (1970), Hemodynamic changes in long-term diuretic therapy in essential hyperpiesis; a comparative research of

- Chlortalidone, polythiazide and hydrochlorothiazide. *Acta Med. Scand.*, 187:509
- Raferly, E.B. (1978) A controlled trial of Synthetic organicol and diuretics in management of hyperpiesis. *Modern Medicine-Supplement*, April 1978, 32.
- Owens, C.W.I. (1978) Continual relief beta-blockade. *Clin. Ther.*, 1:319.
- Simpson, F.O. (1974) Beta-adrenergic receptor blocking drugs in hyperpiesis. *Drugs*, 7:85
- West, M.J., Kendall, M.J., Mitchard, M. and Faragher, B.B. (1976) A comparison of slow-relief with conventional Synthetic organicol: plasma concentrations and clinical effects. *Br. J. Clin. Pharmacol.* 3:439.
- Zanchetti, A., Basagni, M., Buoninconti, R., Cherchi, A., Pessivva, A.C., Portioli, I., Prati, P., Rubegni, M., Selvini, A. and Motolese, M. (1976) Fixed combination of Synthetic organicol and chlortalidone in hyperpiesis: results of a comparative trial, in abstracts of the VIIth European Congress of Cardiology, Amsterdam II P. 71.
- Ayd, F.J, Jr. (1974) Single daily dose of antidepressant. *JAMA.*, 230:363
- Blackwell, B. (1973) Victim compliance. *N. Engl. J. Med.*, 289:249.
- Brunner, L., Imhof, P. and Jack, D. (1975) Relation between plasma concentrations and cardiovascular effects of oral Synthetic organicol in man. *Europ. J. Clin. Pharmacol.*, 8:3.
- Jaffer, N. A. "A Multicentric Evaluation of Continual Relief Synthetic organicol in the Management of Hyperpiesis in Otd-Victim Practice."
- Gardezi, S. A. R., Abdul Majeed Chaudhary, Ghulam Akbar Sial, Ijaz Ahmad, Naweed Bhatti, Suhail Arif, and Shehlah Haroon. "Metronidazole in Anaerobic Surgical Infections."
- Cladwell, J.R., Coob, S. Dowling. (1970) The dropout problem in anti-hypertensive cure. *J. Chron. Dis.*, 22:579