REVIEW OF LITERATURE:

According to Higashimosi K, Zhao Y, Higaki J et al, in this study they concluded association analysis of a polymorphism of the ACE with essential hypertension in the Japanese population.[10]

According to Chiang FT, Chan TH, Laizpet al, in this study they concluded Lack of association of the ACE gene polymorphism with essential hypertension in Chinese hypertensive patients.[11]

According to Hubert C, Corvol P, Hoot AM et al, in this study they concluded association between ACE gene I/D polymorphism and primary hypertension in Turkish population.[12]

According to Mattei MG, Hubert, Alhence F, et al, in this study ACE gene is an association with hypertension.[13]

According to Rigat B, alhence gelax F, Hubert C et al.[14] in this study they concluded An insertion/deletion polymorphism in the ACE gene accounting for half the variance of serum enzyme levels.

According to Takemoto Yuki, Sakatini mistunori, Takari seiju, et al, in this study they concluded association between angiotensin II receptor gene polymorphism and serum ACE gene activity in patients with sarcodiosis.[15]

According to Roy J, Wood GC, Shah NR, Townsend R, Hennessy S.[16] Comparative effectiveness of angiotensin-converting enzyme inhibitors and angiotensin receptor blockers for hypertension on clinical end points: a cohort study the results of a comparison are presented these mostly relate to differences between ARB treatment versus a stopped Angiotensin converting enzyme inhibitor at baseline.

According to Kario K, Ishikawa J, Pickering TG, Hoshide S, Eguchi K, Morinari M.[17] et al Morning hypertension: the strongest independent risk factor for stroke in elderly hypertensive patients in this study controlling morning BP surge is important to prevent the onset of cardiovascular disease.

According to Rudnichi A, Safar ME, Lojemi M, Nenetos A et al.[18] in this study gene polymorphism of the renin angiotensin system and related changes in systolic and diasystolic blood pressure in subjects with hypertension.

According to Berg K.E et al\textsuperscript{[20]}, in this study they concluded no effect of insertion/deletion polymorphism at the ACE gene on normal blood pressure level or variability.

According to Cambien E, Gelas E, Alheno, Herbeth, et al\textsuperscript{[21]}, in this study they concluded resemblance of plasma ACE level in hypertension.

According to Andreas Gardeman, Monika Fink, Jurgen, et al\textsuperscript{[22]}, in this study they concluded presence of the ACE D allele increases the risk of coronary artery disease I younger hypertensive patients.

According to Aitkhozhina, Lyudrikara et al\textsuperscript{[23]}, in this study polymorphism of the promoter region of the ACE gene and the gene for angiotensin 1 converting enzyme in arterial hypertension and cardiovascular disease of the Kazakh ethnic group in Russians.

According to Kunz R, Fristence L, Bork JP, et al\textsuperscript{[24]}, in this study association between the ACE insertion/deletion polymorphism in diabetic nephropathy.

According to Mulder, Van geel P, schaliji Mj, Van gilst WH, et al\textsuperscript{[25]}, in this study they concluded Angiotensin converting enzyme gene polymorphism is associated with increased coronary artery endothelial dysfunction.

According to Duru K, Karrow S, wang J, et al\textsuperscript{[26]}, in this study frequency of deletion polymorphism in the gene for ACE is increased in African Americans with hypertension.

According to Chiang IT, Chern TH, et al\textsuperscript{[27]}, in this study age and gender dependent association of ACE gene with essential hypertension in a Chinese population.

According to Morshed Mahboob, et al\textsuperscript{[28]}, in this study association between ACE polymorphism with hypertension in selected individuals of Bangladesh populations.


According to Panies AE, Palmero PC, Garcia LR, et al\textsuperscript{[30]}, in this study effect of angiotensinogen M235T and ACE gene I/D polymorphism on arterial hypertension and cardiovascular risk factors.

According to William B White, Domenic Sica, Michal A Weber, et al\textsuperscript{[31]}, in this study azilsartan medoxomil at its maximal dose has superior efficacy to both olmesartan and valsartan at their maximal approved doses without increasing adverse effects.

According to Akat PB, Murthy MB, Karande VB, Burute SR\textsuperscript{[32]} et. al, Comparison of the efficacy and tolerability of telmisartan and enalapril in patients of mild to moderate essential hypertension.