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# Orthostatic Hypotension Pharmacologic Treatment

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## Introduction

Neurogenic orthostatic hypotension (OH) is a disabling condition caused by dysfunction of the normal autonomic compensatory mechanisms that keep blood pressure upright. Nonpharmacologic treatment is always the first step in the management of this condition, but pharmacologic therapies will be required for a significant number of patients. These patients are sensitive to small doses of pressor agents due to denervation hypersensitivity and impaired baroreflex buffering. Understanding the underlying pathophysiology can aid in making treatment decisions. Patients with low "sympathetic reserve," i.e., those with peripheral noradrenergic degeneration (pure autonomic failure, Parkinson's disease) and low plasma norepinephrine, respond better to "norepinephrine replacers" in general.

## Description

Millettia is a genus of plants in the Fabaceae family that includes over 200 species grown in tropical and subtropical regions around the world. The Fabaceae family is the largest group of angiosperms and the genus was previously known as Pongamia, which is a widely distributed genus of flowering plants. The plant list includes 363 species-rank scientific plant names for the genus Millettia, of which 202 are recognised species. Millettia species have traditionally been used for antibacterial, anti-tumor, insecticidal, pesticidal, piscicidal, antispasmodic, chemopreventive joint pain, rheumatoid arthritis, amenorrhea, tuberculosis and other purposes. The majority of them are used to make biodiesel.

In the isolation and identification of numerous isolates belonging to flavonoids, alkaloids, pterocarpan, phenols, rotenoids and steroids, an extensive and thorough review of the various available species of Millettia genus has emerged. Approximately 73 flavonoids, 29 phenolics and 18 rotenoids have been isolated from Millettia species, making flavonoids and phenolic compounds the dominant phytochemical class of the Millettia genus.

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A second goal of education is to explain the physiology of OH in simple terms, such as how blood pressure behaves in normal people (minimal or no drop) and how it behaves in people with OH. The effects of heat, meals, alcohol and dehydration in contributing to changes in blood pressure should be discussed. More information should be provided about the treatment goal, which is to prevent falls by keeping the standing pressure above a systolic of 100 mmHg, which can necessitate very high supine pressures (200 systolic) depending on the severity of the OH. Because some patients' pressures vary significantly from day to day, they may require a "sliding scale" of salt based on their morning pressures [1-5].

## Conclusion

According to zebrafish evidence, both pharmacological and EE manipulations can blunt cortisol release in response to acute stress, which is consistent with human and rodent DE data. Furthermore, EE eliminates the difference in cortisol responses between social manipulations of zebrafish (e.g., isolated vs. group housing), as cortisol levels after an acute stress in fish housed individually or in EE groups are comparable to those of unstressed fish. However, more research is needed to determine the role of DE in zebrafish stress models.

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