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by S Q

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Peer 1

Hello, it is true that renin-angiotensin-aldosterone system (RAAS) balances blood pressure. As stated in your post, when there is no salt in the body, there is also lack of fluid, hence lack of water. For that reason, insufficient fluid leads to low blood pressure. Thus after these, the various necessary actions start to take place to counter the same, which alters the RAS pathway, regulating the blood pressure leading to interference with the reabsorption and effects on GFR.

According to you, how effective is RAAS in controlling blood pressure and state why?

Peer 2

From your discussion, friend, it is clear that achieving blood pressure and renal regulation calls for several aspects. First, angiotensin II is responsible for raising blood pressure leading to vasoconstriction, increasing the production of vasopressin, and increasing aldosterone synthesis (Fyhrquist, 1995). The same hormone helps retain sodium by acting on the proximal tubes; hence, sodium reabsorption increases together with hydrogen excretion. With this in place, it is evident in your post that whenever the pressure in the kidneys is too low renin-aldosterone system releases angiotensin II. It is also worth noting that your post has well elaborated on the pharmaceutical agents that work on the RAS pathway, which include *Angiotensin-Converting Enzyme (ACE) Inhibitors* as well as *Angiotensin II Receptor Blockers (ARB)* as well described by Hill (2020). **What do you think would happen to the body if angiotensin II is not released whenever required?**

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