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Additionally, a number of anti-inflammatory medications, corticosteroids, and cromolyns will also be considered in this section because of their potential effect on bronchial hyperresponsiveness. Symptomatic drug may be either selective or non-selective. Selective medication reacts with specific receptors, whereas non-selective medication reacts with general receptors [1]. Although all drugs, the response elicited by symptomatic agents depends on the relationship of the receptor reaction, the route of administration, and the dosage of the particular drug. Recall that alpha-receptors are distributed in peripheral and bronchial smooth muscle, the myocardium, and the cerebral blood vessels, but they are more abundant in peripheral smooth muscle, beta-receptors are more abundant in cardiac tissue, although they are also present in cerebral blood vessels, and beta-receptors predominate in the bronchial smooth muscle, although they are also found in peripheral smooth muscle and skeletal muscle. Epinephrine and ephedrine possess general, non-selective symptomatic [2]. Epinephrine has a high ratio of action, demonstrating moderate alpha-receptor activity, strong beta-receptor activity, and moderate beta-receptor activity. Ephedrine has a long duration of action, exhibiting mild alpha-receptor activity and moderate beta and beta activity. In the treatment of bronchoconstriction, peripheral vascular constriction and accelerated cardiac response may result from the alpha and beta receptor stimulation [3]. Other adverse reactions include agitation, nausea, headache, and palpitations. It should be noted that the response to which a particular medication is administered significantly influences the onset of an adverse reaction. For example, symptomatic medication administered by an inhalational route produces profound deleterious effects because when they are administered systemically [4]. A long-acting inhaled Conin e Clearl, drug has elicited no alpha receptor activity and more specific beta-receptor activity. It would be desirable for bronchodilation therapy. Unfortunately, however, no precise beta-specific symptomatic medication has been identified. Ipratropium, a drug with weak alpha-receptor activity and strong beta and beta receptor activity, is the most commonly prescribed non-specific beta symptomatic [5].

Selective stimulation of beta-receptors is preferable, because beta-

A None

C None

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