

### INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES

[ISSN: 0975-4725; CODEN(USA): IJPS00] Journal Homepage: https://www.ijpsjournal.com



#### **Review Article**

# **Botanical Advancements in Hypertension Control: A Phytochemical Perspective**

#### Mahak Joshi\*, Abhijeet Ojha, Arun Kumar Singh, Navin Chandra Pant, Divya Negi

Faculty of Pharmaceutical Sciences Amrapali University, Haldwani, 263139 Uttarakhand.

#### ARTICLE INFO

Published: 03 May 2025

Keywords:

Hypertension, Herbs, Blood pressure, Vasodilation, Antihypertensive,

Traditional.

DOI:

10.5281/zenodo.15333184

#### **ABSTRACT**

The interest in herbal remedies for the management of hypertension stems not only from their ready availability and relatively low cost but also from their fewer side effects compared with conventional drugs. According to a number of research, using medicinal plants can help control blood pressure. Some herbs include garlic (Allium sativum), ginger (Zingiber officinale), hibiscus (Hibiscus sabdariffa), and celery (Apium graveolens), which may be used to reduce blood pressure by causing vasodilation, producing diuresis, or through antioxidants. Researchers have focused on validating the traditional use of herbs and explored their bioactive compounds that act on the most significant physiological pathways related to hypertension. For instance, it has been documented that polyphenols and flavonoids are involved in the enhancement of vascular health. Some plants are used either solely as medications or along with other drugs for a better therapeutic effect. This knowledge in herbal interventions has contributed much from the different cultural practices, including traditional Chinese, and African medicine in treating hypertension. The natural alternatives have proved to be useful across various populations worldwide and offer a complement to conventional treatments for hypertension, even though there remains the ongoing study to learn better extended safety and efficacy of these herbs in the clinical conditions.

#### INTRODUCTION

Cardiovascular disease is the world's biggest cause of death. Hypertension is a major heart condition developing countries. A major public health concern including both the disease affects both sexes and is becoming more common in younger patients. The most common of the so-called "non-communicable diseases" (NCDs) group, hypertension is one of the leading causes of death worldwide. It is estimated that hypertension accounts for 57% of all stroke deaths and 24% of all coronary artery disease deaths.[10] Hypertension or high blood pressure is a chronic

Address: Faculty of Pharmaceutical Sciences Amrapali University, Haldwani, 263139 Uttarakhand.

**Email □**: mahijoshi317@gmail.com

**Relevant conflicts of interest/financial disclosures**: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



<sup>\*</sup>Corresponding Author: Mahak Joshi

medical condition, arises when the force that the blood enforces on the artery walls is steadily too high.[3] It is a major risk factor for kidney disease, heart attacks, spasms, or other heart events. Systolic pressure and hypertension when the heart beat higher than diastolic pressure, when the heart is at rest in between beats is measured in millimetres of mercury (mmHg). In general, a blood pressure measurement of 120/80 mmHg is considered as normal. The term "silent killer" is usually used to describe hypertension because, even at dangerously high blood pressure levels, it shows no indications. generally Regular monitoring and control are crucial for efficient detection. Primary (essential) hypertension, which makes up 90-95% of all instances of hypertension, is the most common type of patient. Although it is impacted by several variables, including age, lifestyle, genetics, and environmental factors, this kind of hypertension arises progressively over time and lack a known etiology. As individuals age, it seems to turn increasingly common, and medications and dietary alterations are typically prescribed to manage it. Globally, hypertension ranks as the third leading cause of death. Although hypertension is becoming more common, little is known about it, and it is not well controlled or treated. [4]

#### **Types Of Hypertensions: -**

#### 1.Primary Hypertension

90 - 95 percent of persons have primary high blood pressure, sometimes referred to as essential high blood pressure.[11]Even though no specific cause is currently identified, it is expected that a combination of genetic, environmental, and lifestyle factors is responsible.

#### 2. Secondary Hypertension

About 5–10% of individuals suffer from secondary hypertension. The causes include diseases of the kidneys, arteries, and endocrine system, as well as diseases of the muscles.[11]

#### Causes Of Hypertension: -

Inherited characteristics, poor lifestyles (like consuming excessive salt, gaining weight, and physical inactivity), and physiological mechanisms such as sympathetic nervous system hyperactivity and RAAS dysfunction all cause hypertension. Insomnia, endocrine imbalances, and renal disease are symptoms of secondary causes. [15]

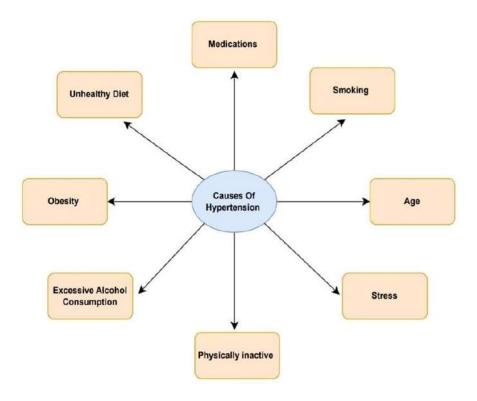


Fig. 1 Causes of hypertension

#### **Symptoms Of Hypertension: -**

It is also referred to as the "silent killer" because it usually does not present with symptoms.[14] Symptoms might be present if they are headaches,

dizziness, blurred vision, chest pain, and nosebleeds, particularly if the blood pressure is extremely high. In order for it to be diagnosed early, regular check-ups should be conducted.[11]

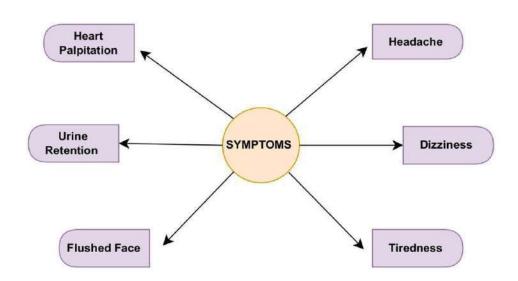


Fig. 2 Symptoms of hypertension



#### Pathophysiology Of Hypertension: -

The kidneys release renin when the sympathetic nervous system is stimulated, when sodium levels are low, or when renal perfusion is reduced. Renin breaks down the liver's angiotensinogen to angiotensin I, which is subsequently changed into angiotensin II by the lungs' angiotensin converting enzyme (ACE). [15] Vasoconstrictor angiotensin II induces the adrenal glands to release aldosterone, which increases salt and water retention.[3] As a result, blood volume and systemic vascular resistance increase. Chronic hypertension causes endothelial dysfunction and arterial changing, and it is a risk factor for chronic cardiovascular disease over the long run.[12]

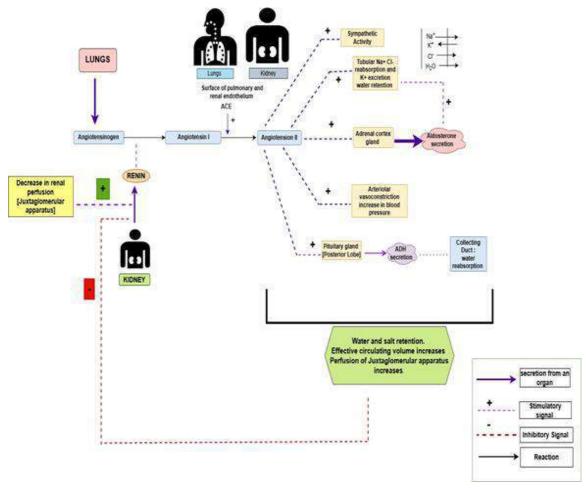


Fig: 3 Pathophysiology of Hypertension

Table 1: List Of Botanicals Used in Hypertension Control with Their Plant Families and Key Phytoconstituents: -

S. No.	Common	<b>Botanical Name</b>	Family	Phytoconstituent
	Name			
1.	Garlic	Allivum sativum	Liliaceae	Allicin
2.	Cinnamon	Cinnamomum verum	Lauraceae	Cinnamaldehyde
3.	Roselle	Hibiscus sabdariffa	Malvaceae	Cyanidin diglucoside
4.	Rauwolfia	Rauwolfia serpentina	Apocynaceae	Methylajmaline
5.	Maidenhair	Ginkgo biloba	Ginkgoaceae	Bilobetin
	Tree			
6.	Ginseng	Panax ginseng	Araliaceae	Ginosenosides



7.	Celery	Apium graveolens	Apiaceae	Apiin
8.	Black	Nigella sativa	Ranunculaceae	Nigellicine
	cumin			
9.	Barberry	Coptis chinensis	Berberidaceae	Berbine
10.	Tea	Camelia sinensis	Theaceae	Caffeine
11.	Saffron	Crocus sativus	Iridaceae	Crocin
12.	Lemongrass	Cymbopogon citrate	Gramineae	Citral
13.	Ginger	Zingiber officinalis	Zingiberaceae	Zingiberene
14.	Hawthorns	Crataegus species	Rosaceae	Flavonoids
				(Hyperoside)
15.	Coriander	Coriandrum sativum	Umbelliferae	Linalool
16.	King of	Andrographis	Acanthaceae	Andrographolide
	bitter	paniculata		
17.	Arjuna	Terminalia arjuna	Combretaceae	Arjunic acid
18.	Cardamom	E.cardamomum	Zingiberaceae	a-terpineol
19.	Blackjack	Bidens pilosa	Asteraceae	Phytosterols
20.	Chinese	Salviae miltiorrhizae	Lamiaceae	Tanshinones
	sage			

## **Botanical Advancements in Hypertension Control:**

1.Allivum sativum

Common name: Garlic

Family: Liliaceae

Allicin, the main constituent, is a powerful and lipid-lowering antioxidant, antibacterial, agent. It also lowers serum glucose, high blood cholesterol, and blood pressure.[12]Garlic relaxes smooth muscles and dilates blood vessels, which lowers high blood pressure.[11]Studies proved that it is an effective agent of hypertension in addition treatment wherein the blood pressure is significantly lowered by nearly 10 mm Hg systolic and 8 mm Hg diastolic from its standard drug levels. The well-known therapy hypocholesteraemia, antibacterial antioxidant. anti-inflammatory and anti-cancer property bearing herb.[15]

#### 2. Cinnamomum verum

Common name: Cinnamon

Family: Lauraceae

This is a small, evergreen tree native to Sri Lanka. Apart from commercial cultivation, it is still the source of the total world supply of cinnamon and represents 80–90%. It has blood pressure-reducing and blood sugar-reducing properties.[12] Cinnamon is a well-known functional food. Studies have shown that it has the ability to reduce blood glucose in people with type 2 diabetes and pre-diabetes, besides showing similar effects in different rat models.[5]The mechanisms of the action of cinnamon through its ability to reduce blood pressure include ACE inhibitory activity as shown by in vitro studies. An experimental study compared percentages of ACE inhibition in sheep lung, testis, and kidney tissues by using a reference drug, captopril, as the control while utilizing a methanolic extract of cinnamon zeylanicum (10:1) as a natural inhibitor.[18]

#### 3.Hibiscus sabdariffa

Common name: Roselle, gongura

Family: Malvaceae



There are several hundred species of Gongura, the flowering plant group that naturally grows in the warm tropical and subtropical regions around the world. The cyclopropane molecules and their derivatives-β-sitosterol, stigmasterol, and taraxeryl acetate -are present in the leaves and stems.[12]In patients with mild and hypertensive states, 240 mL per day of hibiscus tea, taken in three divided doses for a period of six weeks was able to significantly reduce the SBP, DBP, and MAP by about 7.2, 3.1, and 4.5 mmHg, respectively. Its mechanisms were mediated through enhancements in NO generation, a Ca2+ channel-blocker, and an opened **KATP** channel.[15]

#### 4.Rauwolfia serpentina

Common name: Rauwolfia, Indian snakeroot

Family: Apocynaceae

It is a tropical woody plant originating from Africa, South America, and Asia. In Hindu medicine, extracts of its various parts and of plants that generally resembled rauwolfia were used for snakebite, sleeplessness, insanity, and many others. This is the strongest plant in reducing blood pressure. This resperpine, the first effective drug used a lot for the long-term treatment of high blood pressure is R. serpentina pure alkaloid.[15]Its alkaloids reduce blood pressure by altering nerve signals and pathways that affect the heart and blood vessels. They also reduce catecholamines and serotonin from the nerves of the central nervous system.[11]It also contain aimaline has anti-arrhythmic properties which suppress abnormal rhythms of the heart.[12]

5.Ginkgo biloba

**Common name:** Maidenhair tree

Family: Ginkgoaceae



The primary functions of plants are flavonoids and glycosides. Ginkgo is promoted as a single herbal preparation or combined. Angina pectoris, arteriosclerosis, thrombosis, and cardiac disorders. Clinical and experimental data have established the fact that ginkgo leaf extracts increase vascular blood flow and cause vasodilation, especially in the more distal medium and smaller artery regions.[13]The mechanism behind it involves vasodilation and antihypertensive effects, of which growing number of research supports cardioprotective properties of Ginkgo biloba.Ginkgo biloba lowered SBP by 6% and DBP by 21% at the end of three months of daily follow up.[18]

#### 6.Panax ginseng

Common name: ginseng

Family: Araliaceae

A variety of ginseng preparations including capsules, tablets, extracts, dried roots, oil, and tea are used for the treatment of hypertension. High levels of ginseng cause hypotensive effects, and low levels tend to be hypertensive. [15] According to research findings in English-language literature, Wood and associates were the first to show the blood pressure-lowering properties of Panax ginseng extract using animal experimental models in the 1960s and 1970s. Ginsenoside Rg3 is a wellstudied and widely documented component of Panax due to its special influence in this respect. By inducing vasodilation and increasing the release of NO, ginsenoside Rg3 is thought to have a blood pressure-lowering effect. Furthermore, it has been noted that calcium-dependent potassium (K) channels are activated.[18]

7. Apium graveolens

**Common name:** Celery

#### Family: Apiaceae

It is characterized with its excellence in flavor, aroma, and slender stalks within the skin of the superior alternative cultivars. Stemming plants with a stronger flavor and aroma compared to other varieties.[12]The most studied compounds as regards to its hypotensive actions which actively relax the blood vessels are flavonoids; apigenin, luteolin and kaempferol (aided by phthalides; butylphthalide) moderate activity have monoterpenes. [18]

#### 8.Nigella sativa

Common name: Black cumin, Black seed

Family: Ranunculaceae

According to clinical trial-based findings, it dilates the blood vessels because it lowers systolic as well as diastolic pressure through several mechanisms. Additionally, it has diuretic, calcium channel blocking as well as cardiac depressing features due to its properties in countering the impact of angiotensin II. It increases left ventricular enddiastolic pressure, reduces the MAP (mean arterial pressure) and HR (heart rate).[18]Its chemical compounds are t-anethole. carvacrol. thymoquinone, thymol 32, and 4-terpineol. The seeds essential oils contribute to the hypotensive effect. Since in vivo research has proven the fact that essential oils are centrally acting antihypertensive medications which are potent.[11]

#### 9. Coptis chinensis

**Common name:** Barberry

Family: Berberidaceae

It is a well-known shrub for its edible and sour berries. In most of the places, it is consumed tangy and cool fruit. Barberry — has antioxidant properties and it kills bacteria. Another alkaloid found in barberry is berberine, which cures cardiovascular diseases well.[12]Meta-analysis found that when used as a monotherapy or an addon to oral antihypertensive, taking berberine was significantly more effective than basic drug therapy if at least one thousand of the same antihypertensives in monotherapy and were compared with lifestyle only. In reference to the ability of berberines, in hypertension and diabetes, as you could see previously how beneficial it's nephroprotective effects can be due to its mechanism by means in which renal hemodynamic is reducing improved via inflammation/oxidative stress [may vary separately with each disease.[18]

#### 10.Camelia sinensis

Common name: Tea

Family: Theacae

addition to antihypertensive, its inflammatory, and antidiabetic qualities, tea also exhibits pleiotropic effects. Many studies have revealed that tea significantly reduces blood pressure, although its antihypertensive effects are still being researched.[1] A more recent metaanalysis of randomized controlled trials, however, showed that green tea lowers SBP and DBP by 1.98 and 1.92, respectively.[2]Research suggests that black tea or fermented tea (Camellia sinensis) does not impact blood pressure, in individuals, with hypertension while a population study indicates that consuming unfermented green tea (Camellia sinensis) and partially fermented Oolong tea (Camellia sinensis) decreases the likelihood of developing hypertension.[3]

#### 11.Crocus sativus



**Common name:** Saffron

Family: Iridaceae

The components of saffron include flavonoids, anthocyanins, crocin, picrocrocin, and safranal. These compounds have a variety of modes of action, such as vasodilatory and antihypertensive effects.[3]It was reported that because of its vasorelaxant properties, regular usage of saffron for seven days can result in a significant decrease in arterial pressure and SBP in healthy individuals.noted that the chemical components of saffron, primarily crocin, decreased guinea-pig heart rate and contraction by blocking Ca2+ channels, activating potassium channels, and antagonizing b-adrenoceptors.[14]

12.Cymbopogon citrate

**Common name:** Lemongrass

Family: Gramineae

Traditional medicine in a number of nations, notably Brazil, China, and Southern Asia, has made extensive use of lemongrass to treat hypertension because of its potent vasodilator, citral.[1]The ileum of rabbits, the aortic rings of rats, and the mesentery of rats are among the tissues where the relaxing effects of lemongrass have been shown. For example, phenylephrine-pre-constricted aortic rings from male WKRs or SHRs showed a dose-dependent vasorelaxation in response to citral or crude extracts of *C. citratus* (leaves, stems, or roots).[2]

13.Zingiber officinale

**Common name:** Ginger

Family: Zingiberaceae

It works to relax the muscles around blood vessels and enhance blood circulation. A dose-dependent (0.3–3 mg/kg) decrease in the arterial blood pressure of sedated rats was caused by the crude extract of ginger. The rate and force of spontaneous contractions in guinea pig paired atria showed cardio depressant effect.[3]According to certain research, ginger oils are a novel angiotensin IItype1 receptor antagonist that causes vasodilation. Zingiber offcinale (ZO) has been used traditionally for a very long time. It contains a variety of substances such as beta-carotene, capsaicin, curcumin, gingerdiol, gingerol, and gingerdione. Blood pressure-lowering, inflammatory, cholesterol-lowering, hypoglycemic anticancer, antiplatelet aggregation, antimicrobial, cardiovascular, neuroprotective, antidiabetic characteristics are just a few of the biological activities that ginger has been shown to have by the literature review.[14]

14.Crataegus species

**Common name:** Hawthorns

Family: Rosaceae

For generations, traditional medicine has utilized hawthorns, which include thorn apple and hawberry, to treat cardiovascular diseases. When hawthorn extracts were used to treat hypertension patients. blood pressure somewhat their decreased.[1]A small number of human-based studies with a population of hypertension individuals have reported modest drops in blood pressure. There was a promising tendency for a reduction in DBP (by 13.1 mmHg) in a randomized. double-blind, placebo-controlled research in which 500 mg of hawthorn extract was administered for 10 weeks to participants with moderate hypertension.[2]

#### 15.Coriandrum sativum



Common name: Coriander, Cilantro

Family: Umbelliferae

C. sativum is employed to cure various GI ailments, such as f latulence. diarrhoea. anorexia. dyspepsia, vomiting, and pain, as an antihypertensive, antibacterial. antiemetic, myorelaxant, antidiabetic, anti-inflammatory, emmenagogue, nerve-soothing agent.[14] lipolytic, and well-Coriander possesses a documented vasodilatory action. Intravenous infusion of an aqueous methanolic extract of dried powdered, coriander seeds (1-30)dose-dependent reduction in mg/ml) caused a mean arterial blood pressure (MABP), DBP, and SBP in normotensive Sprague-Dawley rats (40.84  $\pm 6.34\%$ ).[2]

#### 16. Andrographis paniculata

Common name: King of bitter

Family: Acanthaceae

It has been discovered to possess antioxidant, antimicrobial, and anti-inflammatory activities. Andrographis paniculatia extracts were found to possess several labdane-type diterpenoid hypotensive compounds. [2] The antihypertensive effect is due to an inhibition of intracellular Ca2+ influx through voltage-gated calcium channels.[1]

#### 17.Terminalia arjuna

Common name: Arjuna

Family: Combretaceae

Arjuna is a deciduous tree which grows all over India. For over three centuries, its bark has been utilized in Ayurvedic medicine. The active ingredients of Terminalia include

phytosterols, calcium, magnesium, zinc, copper, gallic acid, ellagic acid, triterpenoid saponins, flavonoids, and OPCs.[40]It has also been demonstrated to be successful in lowering systolic blood pressure. It has no adverse effects on the liver, kidneys, or hematology. [11]

#### 18. E. cardamomum

Common name: Cardamom

Family: Zingiberaceae

Additionally, it has a lot of potassium and magnesium, which are known to lower blood pressure and improve heart health. Twenty diagnosed patients with primary recently hypertension (stage 1) received approximately 3g of cardamom powder in two separate doses over the course of 12 weeks. This clinical trial conducted in India revealed that it significantly increased fibrinolytic activity and decreased systolic and diastolic blood pressure as well as mean blood pressure at the end of the 12th week.[12]

#### 19.Bidens pilosa

Common name: Blackjack

Family: Asteraceae

The components of plants of B. pilosa are used in a variety of traditional remedies, including decoctions, macerations, dry powders, and tinctures. Its many health benefits and potential—use in the treatment of bacterial, carcinogenic, obesity, hypert ension, malaria, and cardiovascular disorders have made it a major plant today. Bidens pilosa contains a wide variety of beneficial chemical compounds, including no fewer than 60 flavonoids. As a result, preparations of this plant are used extensive ly in medicine to treat roughly 40 different types of disorders through a variety of expected mecha



nisms, including calcium blockers, lipid augment ation, vasodilation, free radical scavenging, and i nsulin sensitivity.[14]

#### 20.Salviae miltiorrhizae

Common name: Chinese sage

Family: Lamiaceae

One of the most ancient and widely used Chinese traditional herbs, Salviae miltiorrhizae, also

referred to as Danshen or red/Chinese sage, is cardiovascular extensively used to treat diseases.[2]Danshen relaxes the vascular both by endothelium-dependent and endothelium-independent strategies. Study have shown that administration of Danshen in combination with Gegen (Pueraria lobata) lowers blood pressure in **SHRs** and relaxes the rat aorta, basilar arteries, and pig coronary arteries.[2]

Table 2: List Of Botanicals with Therapeutic Potential In Hypertension Control: -

S.no	Herbs	Effect On Hypertension	
1.	Garlic	By acting as a natural ACE inhibitor, garlic lowers angiotensin II	
		production.	
2.	Cinnamon	Lower levels of angiotensin II cause the blood vessels to relax and	
		secrete less aldosterone.	
3.	Roselle	Vasodilation by enhanced NO production, blockade of Ca2+ voltage	
		channels, opening of KATP channels, and ACE blockade.	
4.	Rauwolfia	By reducing sympathetic stimulation of the kidneys, renin release,	
		angiotensin II, and aldosterone levels, rauwolfia	
		(reserpine) lowers blood pressure by producing vasodilation	
5.	Maidenhair	By possibly inhibiting ACE, improving blood vessel function,	
	Tree	and lowering oxidative stress	
6.	Ginseng	Decreased aldosterone, blockade of Ca2+ voltage channels,	
		and enhanced production of NO all lead to vasodilation.	
7.	Celery	Reducing the production of the vasoconstrictive angiotensin II and redu	
		cing the secretion of aldosterone could result in improved blood	
		pressure control.	
8.	Black cumin	Lowering oxidative stress and blocking Ca2+ voltage channels to cause	
		vasodilation.	
9.	Barberry	By possibly decreasing renin, angiotensin II, and aldosterone levels,	
		lowering blood pressure, and improving fluid balance.	
10.	Tea	Vasodilation caused by elevated NO levels derived from Camelia	
	~ ~	flavonoids.	
11.	Saffron	By suppressing ACE activity, lowering the synthesis of angiotensin II,	
		and encouraging vasodilation, saffron may reduce blood pressure.	
12.	Lemongrass	By encouraging diuresis, decreasing oxidative stress, and reducing	
- 10	<u> </u>	inflammation, blood pressure may be lowered.	
13.	Ginger	Promote vasodilation, lower oxidative stress and inflammation, enhance	
1.4	** .1	circulation, possibly block ACE activity to lower hypertension.	
14.	Hawthorns	Vasodilation caused by increased NO generation from procyanidins and	
1.7	C : 1	flavonoids	
15.	Coriander	By decreasing oxidative stress, raising vasodilation, suppressing ACE,	
1.0	IZ:	and supporting fluid balance, blood pressure may be reduced.	
16.	King of bitter	Reduce hypertension by having mild diuretic, anti-inflammatory,	
17	A ·	antioxidant, and vasodilatory actions.	
17.	Arjuna	By decreasing the action of the hormone angiotensin II	



18.	Cardamom	By increasing vasodilation and decreasing angiotensin II activity and
		renin secretion.
19.	Blackjack	Bioactive substances found in blackjack aid in blood vessel relaxation,
	_	enhancing blood flow and lowering blood pressure.
20.	Chinese sage	Lowering blood pressure and causing vasodilation by decreasing renin
		production, angiotensin II activity, and aldosterone levels.

#### **CONCLUSION**

Herbal medicine offers a potential and effective therapeutic and management choice hypertension. A number of herbs like garlic, hibiscus, rauwolfia, cinnamon, and ginseng have shown remarkable antihypertensive activity by multiple mechanisms, including vasodilation, diuresis, inhibition of the renin-angiotensin system, and attenuation of oxidative stress. All the bioactive. herbs are containing compounds like allicin, cinnamaldehyde, as well as ginsenosides, which are responsible for the regulation of blood pressure. These herbal drugs are gaining global popularity as adjunct therapies due to their natural nature, reduced prices, and less side effects when compared to chemical medications. Though traditional practice and initial studies point to their efficacy, rigorous clinical trials and toxicological studies must be conducted to establish safety, identify appropriate dosages, and define their place in holistic therapeutic regimens in hypertension.

#### **RESULT**

This study considered how various medicinal plants can be used to control high blood pressure. A total of 20 herbs were examined, each of which possesses unique natural compounds that decrease blood pressure in various ways, including relaxing blood vessels, decreasing heart stress, and eliminating excess water in the body. The study revealed that garlic, hibiscus, rauwolfia, cinnamon, and ginseng herbs decrease systolic and diastolic blood pressure by a considerable extent.

These effects are attributed to active compounds like allicin, ginsenosides, cinnamaldehyde and others. The natural compounds do this by increasing blood flow, decreasing hormone activity that increases blood pressure, and making the heart stronger.

#### **REFERENCES**

- 1. Chrysant, S. G., & Chrysant, G. S. (2017). Herbs Used for the Treatment of Hypertension and their Mechanism of Action. Current Hypertension Reports, 19(9). https://doi.org/10.1007/s11906-017-0775-5
- Disi, S. S. A., Anwar, M. A., & Eid, A. H. (2016). Anti-hypertensive Herbs and their Mechanisms of Action: Part I. Frontiers in Pharmacology, 6. https://doi.org/10.3389/fphar.2015.00323
- 3. Tabassum, N., Ahmad, F., Department of Pharmaceutical Sciences, University of Kashmir, & Tabassum, N. (2011). Role of natural herbs in the treatment of hypertension. In Department of Pharmaceutical Sciences, University of Kashmir, Pharmacognosy Reviews (Vol. 5, Issue 9).
- M., 4. Pourjabali, Mohammadrezaei-Khorramabadi, R., Abbaszadeh, S., Naghdi, S., Naji-Haddadi, Department N., Pathology, Faculty of Medicine, Urmia University of Medical Sciences, Urmia, Iran, Committee, Student Research Lorestan Medical University of Sciences, Khorramabad, Iran, Ilam University of Medical Sciences, Ilam, Iran, & Leishmaniasis Research Center, Ilam University of Medical

- Sciences, Ilam, Iran. (2017). Medicinal Plants Used For Hypertension. In J. Pharm. Sci. & Res. (Vols. 9–5, pp. 537–541).
- Anwar, M. A., Disi, S. S. A., & Eid, A. H. (2016). Anti-Hypertensive Herbs and Their Mechanisms of Action: Part II. Frontiers in Pharmacology, 7. https://doi.org/10.3389/fphar.2016.00050
- Singh, P., Mishra, A., Singh, P., Goswami, S., Singh, A., & Tiwari, K. D. (2015). Hypertension and herbal plant for its treatment: A review. Indian Journal of Research in Pharmacy and Biotechnology, 3(5), 358–366. https://www.ijrpb.com
- 7. Massumeh Niazi, Fatemeh Yari, Amir Shakarami; A Review of Medicinal Herbs in the Lamiaceae Family Used to Treat Arterial Hypertension, Entomol Appl Sci Lett, 2019, 6 (1): 22-27.
- 8. Landazuri, P., Chamorro, N. L., & Cortes, B. R. (2017). Medicinal Plants Used in the Management Hypertension. Journal of Analytical & Pharmaceutical Research, 5(2). https://doi.org/10.15406/japlr.2017.05.00134
- An, N., Zhang, G., Li, Y., Yuan, C., Yang, F., Zhang, L., Gao, Y., & Xing, Y. (2022).
   Promising Antioxidative Effect of Berberine in Cardiovascular Diseases. Frontiers in Pharmacology, 13. https://doi.org/10.3389/fphar.2022.865353
- 10. Hypertension And Herbal Plants. (2011). In International Research Journal Of Pharmacy (Vols. 2–8, pp. 26–30). http://www.irjponline.com
- 11. Akram, M., Rashid, A., Khalil, M. T., Anwar, H., Siddique, A., Shahid, N., Kiraz, A. O., Laila, U., Zainb, R., & Sołowski, G. (2023). Herbal Treatment of Hypertension: Literature Review. Journal of Biochemicals and Phytomedicine, 2(1), 20–24. https://doi.org/10.34172/jbp.2023.6

- 12. Sharma, P., Savita, N., Sharma, A., & Savita et al. (2021). Management Of Hypertension with Natural Herbs. World Journal of Pharmaceutical Research, 10(12), 2406–2420. https://www.wjpr.net
- 13. Aloufi, B. H., Atwan, M. A., & Alshammari, A. M. (2022). Treatment of Hypertension by Using Natural Herbs and their Mechanism of Action. Journal of Biochemical Technology, 13(2), 19–28. https://doi.org/10.51847/wx7mn3flrc
- 14. Verma, T., Sinha, M., Bansal, N., Yadav, S. R., Shah, K., & Chauhan, N. S. (2020). Plants Used as Antihypertensive. Natural Products and Bioprospecting, 11(2), 155–184. https://doi.org/10.1007/s13659-020-00281-x
- Kamyab, R., Namdar, H., Torbati, M., Ghojazadeh, M., Araj-Khodaei, M., & Fazljou, S. M. B. (2020). Medicinal Plants in the Treatment of Hypertension: A Review. Advanced Pharmaceutical Bulletin, 11(4), 601–617.
  - https://doi.org/10.34172/apb.2021.090
- 16. Tachjian, A., Maria, V., & Jahangir, A. (2010). Use of Herbal Products and Potential Interactions in Patients With Cardiovascular Diseases. Journal of the American College of Cardiology, 55(6), 515–525. https://doi.org/10.1016/j.jacc.2009.07.074ss
- 17. Shaito A, Thuan DTB, Phu HT, Nguyen THD, Hasan H, Halabi S, Abdelhady S, Nasrallah GK, Eid AH and Pintus G (2020) Herbal Medicine for Cardiovascular Diseases: Efficacy, Mechanisms, and Safety. Front. Pharmacol. 11:422. doi: 10.3389/fphar.2020.00422
- Nyulas, K.-I.; Simon-Szabó, Z.; Pál, S.; Fodor, M.-A.; Dénes, L.; Cseh, M.J.; Barabás-Hajdu, E.; Csipor, B.; Szakács, J.; Preg, Z.; et al. Cardiovascular Effects of Herbal Products and Their Interaction with Antihypertensive Drugs—Comprehensive Review. Int. J. Mol.



- Sci. 2024, 25, 6388. https://doi.org/10.3390/ijms25126388
- Sleiman, C., Daou, R., Hazzouri, A. A., Hamdan, Z., Ghadieh, H. E., Harbieh, B., & Romani, M. (2024). Garlic and Hypertension: Efficacy, Mechanism of Action, and Clinical Implications. Nutrients, 16(17), 2895. https://doi.org/10.3390/nu16172895
- 20. Adnan A, Hafsa K, Ahsan AS, Summaiya I, Zarghoona W, et al. (2018) Prevalence of Clinical Signs and Symptoms of Page 2 of 8 Hypertension: A Gender and Age Based Comparison. Palliat Med Care 5(2): 1-8.
- 21. Kanbay, M., Jr., Turgut, F., Uyar, M. E., Akçay, A., & Adrian Covic. (2008). Causes and Mechanisms of Nondipping Hypertension. In Clinical and Experimental Hypertension (Vol. 30, Issue 7, pp. 1–27) [Journal-article]. Informa Healthcare USA, Inc. https://doi.org/10.1080/10641960802251974
- 22. Erickson, S. R., Williams, B. C., & Gruppen, L. D. (2004). Relationship Between Symptoms and Health-Related Quality of Life in Patients Treated for Hypertension. In Pharmacotherapy (Vols. 24–24, Issue 3, pp. 344–350).
- 23. Saxena, T., Ali, A. O., & Saxena, M. (2018). Pathophysiology of essential hypertension: an update. Expert Review of Cardiovascular Therapy, 16(12), 879–887. https://doi.org/10.1080/14779072.2018.15403
- 24. Hall, J. E., Granger, J. P., Carmo, J. M. D., Da Silva, A. A., Dubinion, J., George, E., Hamza, S., Speed, J., & Hall, M. E. (2012). Hypertension: Physiology and Pathophysiology. Comprehensive Physiology, 2393–2442. https://doi.org/10.1002/cphy.c110058
- 25. Foe 'x Foe 'X, D., Sear, W., & The Board of Management and Trustees of the British Journal of Anaesthesia. (2004). Hypertension: pathophysiology and treatment. In Continuing

- Education in Anaesthesia, Critical Care & Pain (Vol. 4, Issue 3) [Journal-article]. The Board of Management and Trustees of the British Journal of Anaesthesia. https://doi.org/10.1093/bjaceaccp/mkh020
- 26. Balogun, F. O., FO, & Ashafa, A. O. T., AOT. (2019). A Review of Plants Used in South African Traditional Medicine for the Management and Treatment of Hypertension. In Planta Med (Vols. 85–312, pp. 312–334). https://doi.org/10.1055/a-0801-8771
- 27. Razzaq, M. A., Younis, W., Malik, M. N. H., Alsahli, T. G., Alamgeer, N., Jahan, S., Ehsan, R., Gasparotto, A., Junior, & Bashir, A. (2023). Pulegone Prevents Hypertension through Activation of Muscarinic Receptors and Cyclooxygenase Pathway in L-NAME-Induced Hypertensive Rats. Cardiovascular Therapeutics, 2023, 1–17. https://doi.org/10.1155/2023/8166840
- 28. Malik, K., Ahmad, M., Bussmann, R. W., Tariq, A., Ullah, R., Alqahtani, A. S., Shahat, A. A., Rashid, N., Zafar, M., Sultana, S., & Shah, S. N. (2018). Ethnobotany of antihypertensive plants used in northern Pakistan. In University of Pretoria (Ed.), Frontiers in Pharmacology (p. 789) [Journal-article]. https://doi.org/10.3389/fphar.2018.00789
- 29. Michel, J., Abd Rani, N. Z., Husain, K., & Drug and Herbal Research Centre, Faculty of Pharmacy, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia. (2020). A Review on the Potential Use of Medicinal Plants From Asteraceae and Lamiaceae Plant Family in Cardiovascular Diseases. Frontiers in Pharmacology, 11(8521). https://doi.org/10.3389/fphar.2020.00852
- Prevention and Treatment of Cardiovascular Diseases with Plant Phytochemicals: A Review. (2022). Evidence-Based Complementary and Alternative Medicine,



- Volume 2022(4747), 1. https://doi.org/10.1155/2022/5741198
- 31. Okukwe, C. O., Adebayo, A. H., Omonhinmin, C. A., & Yakubu, O. F. (2020). A systematic review of medicinal plants used in Nigeria for hypertension management. International Journal of Pharmaceutical Research, 12(4), 2231–2253. DOI: 10.31838/ijpr/2020.12.04.142.
- 32. Nunes, M. G. S., Bernardino, A., & Martins, R. D. (2015). Use of medicinal plants by people with hypertension. Rev Rene, 16(6), 775. https://doi.org/10.15253/2175-6783.2015000600002
- 33. Mensah, J. K., Okoli, R. I., Turay, A. A., Ogie-Odia, E. A., Department of Botany, Department of Pharmacology and Therapeutics, Department of Medical Laboratory Sciences, Ambrose Alli & University, P.M.B 14, Ekpoma, Nigeria. (2009). Phytochemical Analysis of Medicinal Plants Used for the Management of Hypertension by Esan people of Edo State, Nigeria. In Ethnobotanical Leaflets (Vol. 13, pp. 1273–1287).
- 34. Otunola, N. G. A. (2011). Comparative analysis of the chemical composition of three spices Allium sativum L. Zingiber officinale Rosc. and Capsicum frutescens L. commonly consumed in Nigeria. AFRICAN JOURNAL OF BIOTECHNOLOGY, 9(41). https://doi.org/10.5897/ajb10.183
- 35. Benetos, A. (2023). Hypertension in Older People. In Hypertension (pp. 518–527). https://doi.org/10.1016/b978-0-323-88369-6.00045-1
- 36. Panjaitan, R. G. P., Kristi, Y., Irawan, B., & Salleh, L. M. (2024). Short Communication: Medicinal plants traditionally used to treat hypertension in Babane Village, Bengkayang, West Kalimantan, Indonesia. Biodiversitas

- Journal of Biological Diversity, 25(7). https://doi.org/10.13057/biodiv/d250734
- 37. Aboua, S. C. M. J., Houètchégnon, T., Sourou, B. N. K., Wédjangnon, A. A., Azongnidé, G., & Ouinsavi, C. a. I. N. (2024). Diversity of plant species with ethnomedicinal potential for treating arterial hypertension and gastric ulcers, two chronic diseases: an ethnobotanical assessment in Benin. Ethnobotany Research and Applications, 29. https://doi.org/10.32859/era.29.18.1-22
- 38. Verma, R., Hanif, K., Sasmal, D., & Raghubir, R. (2010). Resurgence of Herbal Antihypertensives in Management of Hypertension. Current Hypertension Reviews, 6(3), 1–9.
- 39. Umar, A., Imam, G., Yimin, W., Kerim, P., Tohti, I., Berké, B., & Moore, N. (2010). Antihypertensive effects of Ocimum basilicum L. (OBL) on blood pressure in renovascular hypertensive rats. Hypertension Research, 33(7), 727–730. https://doi.org/10.1038/hr.2010.64
- 40. Agrawal, M., Nandini, D., Sharma, V., Chauhan, N. S., Department of Pharmaceutical Sciences, Dr. H. S. Gour University, & Sagar Institute of Pharmaceutical Sciences. (2010). HERBAL REMEDIES FOR TREATMENT OF HYPERTENSION [Review Article]. International Journal of Pharmaceutical Sciences and Research, 5, 1–3. https://www.ijpsr.com
- 41. Chen, Z., Wang, L., Yang, G., Xu, H., & Liu, J. (2015). Chinese Herbal Medicine Combined with Conventional Therapy for Blood Pressure Variability in Hypertension Patients: A Systematic Review of Randomized Controlled Trials. Evidence-based Complementary and Alternative Medicine, 2015, 1–16. https://doi.org/10.1155/2015/582751
- 42. Ekor, M. (2014a). The growing use of herbal medicines: issues relating to adverse reactions



- and challenges in monitoring safety. Frontiers in Pharmacology, 4. https://doi.org/10.3389/fphar.2013.00177
- 43. Ekor, M. (2014b). The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Frontiers in Pharmacology, 4. https://doi.org/10.3389/fphar.2013.00177
- 44. Li, F., & Weng, J. (2017). Demystifying traditional herbal medicine with modern approach. Nature Plants, 3(8). https://doi.org/10.1038/nplants.2017.109
- 45. Dumfeh, M. F., & Ahorlu, C. S. K. (2020). Complementary and alternative medicine use among hypertensive patients receiving biomedical treatment: a cross-sectional survey at the LEKMA General Hospital in Accra, Ghana. Health Sciences **Investigations** 121–127. Journal, 1(2),https://doi.org/10.46829/hsijournal.2020.12.1. 2.121-127
- 46. James, P. B., Kamara, H., Bah, A. J., Steel, A.,
  & Wardle, J. (2018). Herbal medicine use among hypertensive patients attending public and private health facilities in Freetown Sierra Leone. Complementary Therapies in Clinical Practice,
  31,
  7–15. https://doi.org/10.1016/j.ctcp.2018.01.001
- 47. Aykan, D. A., & Aykan, A. C. (2018). Factors Associated With the Concomitant Use of Cardiovascular Drugs and Dietary Herbal Products: A Cross-Sectional Study. Journal of Cardiovascular Pharmacology and Therapeutics, 24(2), 146–152. https://doi.org/10.1177/1074248418794938
- 48. Tajadini, H., Divsalar, K., Mehrabani, M., Haghdoost, A. A., Esmaili, Z., Shadkam, M., & Moradi, M. (2015). The Frequency of Using Herbal Medicines Among Patients With Hypertension in Kerman, Iran, 2012-2013. Journal of Evidence-Based Complementary &

- Alternative Medicine, 20(3), 199–202. https://doi.org/10.1177/2156587215573141
- 49. Hughes, G. D., Aboyade, O. M., Clark, B. L., & Puoane, T. R. (2013). The prevalence of traditional herbal medicine use among hypertensives living in South African communities. BMC Complementary and Alternative Medicine, 13(1). https://doi.org/10.1186/1472-6882-13-38
- 50. Humidat, A. S., Khamaysa, I. S., & IJTEEE. (2014). The Use of Herbal Medicines By People With Hypertension In Palestine. In International Journal of Technology Enhancements and Emerging Engineering Research (Vol. 2, Issue 7, pp. 131–132).
- 51. Joachimdass, R. J., Subramaniam, K., Sit, N. W., Lim, Y. M., Teo, C. H., Ng, C. J., Yusof, A. S., & Loganathan, A. (2021). Self-management using crude herbs and the health-related quality of life among adult patients with hypertension living in a suburban setting of Malaysia. PLoS ONE, 16(9), e0257336. https://doi.org/10.1371/journal.pone.0257336
- 52. Ali-Shtayeh, M. S., Jamous, R. M., Jamous, R. M., & Salameh, N. M. (2013). Complementary and alternative medicine (CAM) use among hypertensive patients in Palestine. Complementary Therapies in Clinical Practice, 19(4), 256–263. https://doi.org/10.1016/j.ctcp.2013.09.001
- 53. Peltzer, K., & Pengpid, S. (2022). National Trends in the Us e of Herbal Medicines for the Treatm ent of Hypertens ion Among Adults in Mongolia from Four Cross-Sectional Surveys in 2005, 2009, 2013, and 2019. Current Traditional Medicine, 9(5). https://doi.org/10.2174/221508380866622090 2103843
- 54. Al-Hadid, D., Musa, R. J., Al-Talhuni, A., & Alkrad, J. A. (2020). Prevalence of Traditional Herbs and Supplements Use Among Hypertensive Patients in Om Elamad Health



- Center. Pharmacognosy Journal, 12(6s), 1612–1622. https://doi.org/10.5530/pj.2020.12.221
- 55. Palileo-Villanueva, L. M., †, Palafox, B., †, Amit, A. M. L., Pepito, V. C. F., Ab-Majid, F., Ariffin, F., Balabanova, D., Isa, M.-R., Mat-Nasir, N., My, M., Renedo, A., Seguin, M. L., Yusoff, K., ^, Dans, A. L., & Mckee, M. (2022).Prevalence, determinants and outcomes of traditional, complementary and alternative medicine use for hypertension among low-income households in Malaysia and the Philippines. BMC Complementary Medicine Therapies, and 22, 252. https://doi.org/10.1186/s12906-022-03730-x
- 56. Kasali, F. M., Irenge, C. A., Hamuli, P. M., Mulashe, P. B., Katabana, D. M., De Dieu Mangambu Mokoso, J., Mpiana, P. T., & Kadima, J. N. (2021). Ethnopharmacological Survey on Treatment of Hypertension by Traditional Healers in Bukavu City, DR Congo. Evidence-based Complementary and Alternative Medicine, 2021, 1–10. https://doi.org/10.1155/2021/6684855
- 57. Francis, N. S., Lim, Y. M., Mat, S., Teh, L. K., Raphael, J. J., & Loganathan, A. (2023). Thirty-minute Ambulatory Blood Pressure and Blood Biochemistry Measurements in Adults With Hypertension Using Herbs: A Cross-sectional Study. Malaysian Journal of Medicine and Health Sciences, 19(s9), 205–220. https://doi.org/10.47836/mjmhs.19.s9.30
- 58. Iddrisu, M., Doat, A. R., Abdulai, A. M., & Wuni, A. (2023). They patronize herbal medicine, coincidence or planned behaviour: A case of hypertensive patients in Tamale? Nursing Open, 10(8), 5185–5192. https://doi.org/10.1002/nop2.1754
- 59. Raphael, J. J., Teo, C. H., Subramaniam, K., & Loganathan, A. (2023). The Practice of Herbs Integration Among Patients With Hypertension Attending Primary Care Facilities: A Systematic Review. Malaysian

- Journal of Medicine and Health Sciences, 19(s9), 269–279. https://doi.org/10.47836/mjmhs.19.s9.37
- 60. Aferu, T., Mamenie, Y., Mulugeta, M., Feyisa, D., Shafi, M., Regassa, T., Ejeta, F., & Hammeso, W. W. (2022). Attitude and practice toward traditional medicine among hypertensive patients on follow-up at Mizan—Tepi University Teaching Hospital, Southwest Ethiopia. SAGE Open Medicine, 10. https://doi.org/10.1177/20503121221083209
- 61. Fadlilah, N. S., Sucipto, N. A., & Judha, N. M. (2020). Cucumber (Cucumis sativus) and tomato (Solanum lycopersicum) juice effective to reduce blood pressure. GSC Biological and Pharmaceutical Sciences, 10(1), 001–007. https://doi.org/10.30574/gscbps.2020.10.1.02 46.

HOW TO CITE: Mahak Joshi\*, Abhijeet Ojha, Arun Kumar Singh, Navin Chandra Pant, Divya Negi, Botanical Advancements in Hypertension Control: A Phytochemical Perspective, Int. J. of Pharm. Sci., 2025, Vol 3, Issue 5, 329-344 https://doi.org/10.5281/zenodo.15333184

