

ROLE OF GARLIC, ONION AND GINGER IN CONTROLLING HYPERTENSION

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ABSTRACT

A worldwide epidemic, hypertension (also known as high blood pressure, or BP) is a chronic medical condition. Because of their low cost, higher acceptability, and fewer side effects, herbal medicines are used by a large portion of the world's hypertensive population for primary healthcare. Numerous ethnobotanical investigations conducted in various parts of the world revealed that hundreds of plants are used worldwide for empirical treatment of hypertension. These plants are naturally occurring medicinal plants and herbs with antihypertensive potential. In order to promote future pharmacological and phytochemical research, this paper gives fundamental understanding about garlic, onion and ginger used to treat high blood pressure.

Key Words: Herbs; medicinal plants; benefits; hypertension

INTRODUCTION

At the health screening camp, hypertension was defined as having a history of the condition, being treated medically for it, or having a systolic or diastolic blood pressure that was greater than 140 mmHg or 90 mmHg [1]. Patients were considered to have hypertension if they disclosed it together with a previous medical diagnosis of the condition from a healthcare professional. With a global prevalence of 40.8 percent and a 32.3 percent control rate, hypertension is a serious public health issue [2]. According to Wilson PW et al. [3], hypertension increases the chance of developing chronic renal disease and cardiovascular disease [4]. 9.4 million fatalities worldwide are ascribed to hypertension-related consequences, including 45% of all deaths from coronary artery disease and 51% of all deaths from stroke [5]. Nearly 80% of deaths from cardiovascular disease occur in low-income nations, where hypertension is more prevalent [6].

According to a World Health Organization report, in 2008, nearly 40% of persons over the age of 25 had hypertension [7]. Global age-adjusted mean systolic blood pressure (SBP) trends were examined by Danaei et al. According to his data, between 1980 and 2008, the mean age-adjusted SBP dropped by about 2mmHg. The greatest age-adjusted SBP was seen in low- and middle-income nations. Mean age-adjusted SBP increased in economically emerging regions like Oceania, East Africa, South and South-east Asia during the same time period as it decreased in economically developed regions like Australia, North America, and Western Europe. Additionally, between 1980 and 2008, it was estimated that the number of people with uncontrolled hypertension rose due to the rise and ageing of the global population [8].

A dire scenario for the Indian population is painted by an alarming rise in HTN predicted by the Global Burden of Hypertension 2005 study and the GBD 2010 report [9,10].

Beyond initiatives focused at preventing hypertension, treating it is still difficult in many parts of the world [11].

Three plants i.e. garlic, onion and ginger are studied in this paper for their anti-hypertensive properties.



Allium sativum

Kingdom: Plantae

Family- Amaryllidaceae

Subfamily- Alliioideae

Genus- *Allium*

Species- *A. sativum*

IMPACT OF GARLIC ON HYPERTENSION PREVENTION:

Garlic supplements have demonstrated their efficacy in the management of hypertension, lowering blood pressure by approximately 10 mm Hg systolic and 8 mm Hg diastolic, similar to that of conventional BP medicine. The antibacterial, antioxidant, anti-inflammatory, anti-cancer, and hypocholesterolemic properties of this herb are well known [12]. One study showed that the efficiency of garlic in the treatment of HTN was around 80%. Compared to other forms of garlic, aged garlic extract (AGE) causes a consistent reduction in blood pressure. Additionally, taking garlic supplements significantly lowers SBP and DBP by 3.75 and 3.39 mm Hg, respectively [13]. In a different trial, HTN patients who took garlic tablets (300–1500 mg/day) for 24 weeks reported significant drops in SBP of 9.2 mm Hg and DBP of 6.27 mm Hg [14]. A daily dose of 150 or 400 mg/kg of aged garlic extract (AGD) caused an increase in eNOS activity and a decrease in nicotinamide adenine dinucleotide phosphate (NADPH)-oxidase in the aortas of fructose-fed rats. Furthermore, aged garlic extract (AGD) has superoxide scavenging abilities in human neutrophils [15]. Garlic's constituents block ACE activity, reduce II-induced vasoconstrictor responses, stop VSMC proliferation in smooth muscles, counteract endothelin-1-induced vasoconstriction, and limit NF-KB stimulation [16].

GARLIC'S CHEMICAL COMPOSITION

There are several varieties of garlic available, however, raw garlic and aqueous extract preparation are more commonly utilised. The principal bioactive molecule in garlic, allicin, has sulphur as its main component, which when broken down provides garlic with its distinctive smell. Other significant sulfur-containing chemicals in garlic, besides alliin, include methyl thisulfonate and 1-propenyl allyl thisulfonate [17].

Allium cepa

Plantae: Kingdom

Order- Asparagales

Family- Alliaceae

Genus - *Allium*

Species : *A. cepa*

Onions, or *Allium cepa*, are members of the Liliaceae family. It is a plant that is primarily found in the temperate zone. George and Pamplona claimed that onions have antihypertensive properties [18]. The majority of onions have trace levels of folic acid, vitamin B6, and vitamin C. With an energy value of 166 Kj per 100 g serving and minimal fat and sodium content, they can add flavour to savoury recipes without significantly increasing caloric content [19].



Allium cepa

Molecular elements found in onions, such as phenolics and flavonoids, have been shown in preliminary studies to have potential anti-inflammatory and antioxidant capabilities [20]. In normotensive rats given fructose and under anaesthesia, onion was found to lower blood pressure [21]. Organo-sulfur compounds have been linked to lowering blood pressure by preserving the major arteries' flexibility and lowering blood viscosity, which prevents blood clotting [22]. By reducing oxidative stress through its interaction with free radicals and advancing vascular function, onions can lower BP on average by 5 mm Hg [22].

Zingiber officinale

Plantae: Kingdom

Order- Zingiberales

Family- Zingiberaceae

Genus - *Zingiber Mill*

Species - *Zingiber officinale*

The Zingiberaceae family includes the species of ginger. There are up to 24 genera and about 300 species covered by this family. Perennial tuberous or rhizomatous roots are found in ginger plants. The flowers are small and have a soft yellow colour. The plant is grown in Punjab, India, Bangladesh, and Taiwan. In warm climates, this perennial flourishes [23].

It is believed that the volatile oils in ginger contain active components. The sesquiterpenes bisababolenezingiberene and zingiberol are the main active components of ginger oil [24, 25]. Depending on the growing environment, different active component concentrations exist. Different physiologic effects are produced by ginger's active components [26, 27].



Zingiber officinale

Zingiber officinale, more often known as ginger, has long been utilised in traditional medicine and as part of regular diets. Potassium, which is abundant in ginger and helps control blood pressure, plays a key part in this process [28]. Rats under anaesthesia had their arterial blood pressure decline as a result of the ginger extract's crude effects [29].

Conclusion

Although it may be controlled and even outright banned, hypertension (HTN) is one of the most common disorders in the world and poses numerous challenges for those who suffer from it. High blood pressure is a common disorder where the blood's long-term strain against the walls of your arteries is so great that it may eventually result in health issues like heart illnesses. Changing one's lifestyle is one of several straightforward methods that can be used to control high blood pressure. The plants such as garlic, onion and ginger that lower blood pressure are covered above in this project. These plants are discussed in detail in this paper. Still more research is required in this field.

REFERENCE

1. James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelferb C. (2014). Evidence based guideline for the management of high blood pressure adults: report from the panel members appointed to the Eighth Joint National committee (JNC 8). *JAMA*;311:507-20
2. Chow CK, Teo KK, Rangarajan S, Islam S, Gupta R, Avezum A. (2013). Prevalence, awareness, treatment, and control of hypertension in rural and urban communities in high- middle-, and low-income countries. *JAMA*;310:959-68.
3. Wilson PW. (1994) Established risk factors and coronary artery disease: the Framingham Study. *Am J Hypertens* ; 7:7S-12S.
4. Staessen JA, Fagard R, Thijs L, Celis H, Arabidze GG, Birkenhäger WH.(1997). Randomized double-blind comparison of placebo and active treatment for older patients with isolated systolic hypertension. The Systolic Hypertension in Europe (Syst-Eur) Trial Investigators. *Lancet*: 350:757-64.
5. Coresh J, Wei GL, McQuillan G, Brancati FL, Levey AS, Jones C.(2001). Prevalence of high blood pressure and elevated serum creatinine level in the United States: findings from the third National Health and Nutrition Examination Survey (1988-1994). *Arch Intern Med*;161:1207-16.
6. Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H, Amann M .(2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1991 2010: a systematic analysis for the Global Burden of Disease Study 2010 *ancet*;380:2224–60
7. World Health Organization, “Global brief on hypertension 2013, http://apps.who.int/iris/bitstream/10665/79059/1/WHO_DCO_WHO_2013.2.eng.
8. G. Danaei, M. M. Finucane, J. K. (2011). “National, regional, and global trends in systolic blood pressure since 1980: systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5.4 million participants. Global Burden of Metabolic Risk Factors of Chronic Diseases Collaborating Group (Blood Pressure),” *The Lancet*, vol. 377, no.9765, pp. 568-577.
9. World Health Organization, “Global brief on hypertension,” 2013, http://apps.who.int/iris/bitstream/10665/79059/1/WHO_DCO_WHD_2013.2_eng.pdf?ua=1.
10. Lim S. S., Vos T., Flaxman A. D. (2012). “A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010:a systematic analysis for the Global Burden of Disease Study 2010,” *The Lancet*, vol. 380, no. 9859, pp. 2224–2260.
11. Kishore J.(2014)., *National Health Programs of India*, Century Publications, New Delhi, India, 11th edition, 2014
12. Shouk R, Abdou A, Shetty K, Sarkar D, Eid AH. (2014). Mechanisms underlying the antihypertensive effects of garlic bioactives. *Nutr Res.*;34(2):106-15.
13. Wang HP, Yang J, Qin LQ, Yang XJ. (2015). Effect of garlic on blood pressure: a meta-analysis. *J Clin Hypertens (Greenwich)*;17(3):223-31.
14. Ashraf R, Khan RA, Ashraf I, Qureshi AA. (2013). Effects of *Allium sativum* (garlic) on systolic and diastolic blood pressure in patients with essential hypertension. *Pak J Pharm Sci.*;26(5):859-63.
15. Vazquez- Prieto MA, Rodriguez Lanzi C, Galmarini CR, Miatello RM. (2011). Garlic and onion attenuates vascular inflammation and oxidative stress in fructose-fed rats. *J Nutr Metab.*;475216.

16. Ried K, Frank OR, Stocks NP. (2013). Aged garlic extract reduces blood pressure in hypertensives : a dose- response trial. *Eur J Clin Nutr.* ;67(1):64-70.
17. Lawson L. D. (1998). "Garlic: a review of its medicinal effects and indicated active compounds," in *phytochemicals of Europe: Chemistry and Biological Activity*, Lawson L. D., and Bauer R, Eds., vol. 691 of ACS Symposium series, pp. 176-209, American Chemical Society, Washington, DC, USA.
18. Pamplona R, George D (1999). *Encyclopedia of medicinal plant. Education and Health Library publishers* 1:151-153.
19. Williamson G, Plumb GW, Uda Y, Price KR, Rhodes MJ (1997). Dietary quercetin glycosides : antioxidant activity and induction of the anticarcinogenic phase 2 marker enzyme quinone reductase in Hepalcl7 cells. *Carcinogenesis* 17 (11):2385-2387
20. Michael AJ, Smith BA. (2005). Antioxidant activities of onions. *J. Agric. Food Chem.*, 21:345-360.
21. Brankovic S, Radenkovic M, Kitic D, Veljkovic S, Ivetic V, Povlovic D. (2011). Comparison of the hypotensive and bradycardic activity of ginkgo, garlic, and onion extracts. *Clin Exp Hypertens* ;33(2):95-9.
22. Larson AJ, Symons JD, Jalili T. (2010). Quercetin: a treatment for hypertension? – a review of efficacy and mechanisms. *Pharmaceuticals (Basel)*;3(1):237-50.
23. Schauenberg P, Paris F. (1977). *Guide to Medicinal Plants*, Keats Publishing, New Canaan CT p 30-300.
24. Connell D, Sutherland M. (1969). A re-examination of gingerol, shogaol and zingerone, the pungent principles of ginger *Aust J. Chem.* 22:1033-43.
25. Yoshikawa M, Hatakeyama S, Chatani N, Nishino Y, Yamahara J. (1993). Qualitative and quantitative analysis of bioactive principles in *Zingiberis Rhizoma* by means of high performance liquid chromatography and gas liquid chromatography. On the evaluation of *Zingiberis Rhizoma* and chemical change of constituents during *Zingiberis rhizome* processing. *Yakugaku Zasshi* 113:307-15
26. Mascolo N, Jain R, Jain SC, Capasso F. (1989). Ethnopharmacologic investigation of ginger *J. Ethnopharmacol.* 27:129-40
27. Connell D. (1970). The chemistry of the essential oil and oleoresin of ginger (*Zingiber officinale* Roscoe). *Flavour Indust.* 1:677-93
28. Akinyemi AJ, Ademiluyi AO, Oboh G. (2014). Inhibition of angiotensin-1-converting enzyme activity by two varieties of ginger (*Zingiber officinale*) in rats fed a high cholesterol diet. *J Med Food*;17(3):317-23.
29. Fugh-Berman A. (2000). Herbs and dietary supplements in the prevention and treatment of cardiovascular disease. *Prev Cardio.*3:24-32.