

# Effectiveness Checker

Enter the name of a condition or disease to find a list of natural medicines.



## Effectiveness Checker Results

Search for: hypertension

Matches: 95

### Likely Effective:

#### **DASH DIET** (Likely Effective)

##### **Hypertension**

Using the DASH diet significantly lowers blood pressure compared to a control diet or advice only after 1-2 months in people with or without hypertension (15976, 15977, 15978, 15981). Additionally, clinical research shows that blood pressure is lowered with the implementation of the DASH diet and behavioral interventions for up to 6 months (28999); however, effectiveness over a longer period, such as 18 months, is unclear (29000). Combining the DASH diet with a sodium-reduced diet is more effective than either diet alone (15978, 15981). The DASH diet is more effective for lowering blood pressure in African Americans compared to Caucasians. It also produces more of a blood pressure-lowering effect in people with hypertension compared to those without hypertension (15976).

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### Possibly Effective:

#### **ALPHA-LINOLENIC ACID** (Possibly Effective)

##### **Hypertension**

Epidemiological research associates high dietary intake of linolenic acid with reduced risk of hypertension. Most dietary linolenic acid is alpha-linolenic acid (only a small fraction is gamma-linolenic acid). Eating a diet high in linolenic acid seems to reduce risk of hypertension by about a third (12991).

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#### **BLOND PSYLLIUM** (Possibly Effective)

##### **Hypertension**

Taking blond psyllium orally seems to reduce blood pressure in adults (10458, 54260). Preliminary clinical evidence suggests that blond psyllium 3.5 grams taken three times daily for 6 months can decrease both systolic and diastolic blood pressure compared with pretreatment in overweight patients with hypertension (54260). Other clinical evidence suggests that taking psyllium fiber (husks) orally, with soy protein, can help reduce systolic blood pressure by about 8 mmHg and diastolic blood pressure by about 2 mmHg in hypertensive adults (10458).

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#### **CALCIUM** (Possibly Effective)

##### **Hypertension**

Many clinical trials and observational studies show that intake of calcium supplements or dietary calcium modestly reduces blood pressure in patients with or without hypertension, usually around 1-2 mmHg. Calcium seems to be more effective for certain subpopulations of patients, such as salt-sensitive people and patients with low baseline dietary calcium intake (945, 972, 974, 976, 984, 1818, 1819, 1820, 1821, 6852) (13138, 14406, 38803, 39063, 39094, 39221). Population research also suggests that women aged 45 years and older, with higher intake of calcium from both diet and supplement sources, seem to have a lower risk of developing hypertension compared to women with lower calcium intake (14265). However, a large-scale clinical trial shows that taking vitamin D (cholecalciferol) 400 IU daily in combination with elemental calcium 1000 mg daily does not significantly lower blood pressure or reduce the risk of developing hypertension in postmenopausal women (16714).

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#### **COCOA** (Possibly Effective)

##### **Hypertension**

Most clinical research suggests that consuming dark chocolate or flavanol-enriched chocolate/cocoa products for 2-18 weeks can reduce systolic blood pressure by 2.8-4.7 mmHg and diastolic blood pressure by 1.9-2.8 mmHg. Blood pressure lowering appears to occur more readily in hypertensive or pre-hypertensive individuals compared with normotensive individuals. The chocolate or cocoa used in most studies contained 30-1080 mg of flavonoids (14306, 15655, 15752, 42092, 42107, 42169).

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#### **COD LIVER OIL** (Possibly Effective)

##### **Hypertension**

Taking cod liver oil orally seems to produce modest, but significant, reductions in systolic and diastolic blood pressure in patients with mild hypertension (1001, 1020, 3399).

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#### **COENZYME Q-10** (Possibly Effective)

##### **Hypertension**

Several preliminary clinical trials show that taking coenzyme Q-10 orally, alone or along with other antihypertensives, significantly lowers blood pressure. In some cases, it might allow dosage reduction or discontinuation of conventional antihypertensive medications (2122, 3365, 9890, 17702, 17650, 17651, 44343). An analysis of multiple clinical studies shows that taking coenzyme Q-10 100-120 mg daily lowers systolic blood pressure by 11 mmHg and diastolic blood pressure by 7 mmHg compared to placebo (17702). However, in a small study of patients with hypertension and metabolic syndrome, coenzyme Q-10 was not effective in lowering blood pressure (44211).

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**COENZYME Q-10** (Possibly Effective)

**Isolated systolic hypertension**

Taking coenzyme Q-10 120 mg/day orally appears to lower systolic blood pressure by about 26% in some people with isolated systolic hypertension after 12 weeks of therapy (8907).

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**CONJUGATED LINOLEIC ACID** (Possibly Effective)

**Hypertension**

Clinical evidence shows that taking conjugated linoleic acid (CLA) 4.5 grams/day along with ramipril 37.5 mg/day for 8 weeks reduces systolic and diastolic blood pressure compared to ramipril alone in individuals with stage one uncontrolled hypertension (45569).

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**DASH DIET** (Possibly Effective)

**Isolated systolic hypertension**

Some clinical research shows that using the DASH diet significantly lowers systolic hypertension in patients with stage 1 isolated systolic hypertension after 8 weeks (15980).

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[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#)