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A Narrative Review Of Collaborative Nursing Intervention On Hypertension And Biochemical Variables Among Hypertensive Patients.

Supreet Rupam,
PHD Scholar, Sharda University Noida

Dr. Imran Khan,
Associate Professor, Sharda University Noida

Abstract
Hypertension is a prevalent chronic condition with significant physical and psychological impacts, requiring a comprehensive, patient-centered approach beyond medication. This narrative review explores the effectiveness of collaborative nursing interventions in managing hypertension and improving related biochemical variables by integrating existing literature on multidisciplinary care involving nurses, physicians, mental health experts, and other specialists. Key components identified include patient education, stress management, lifestyle modification, and self-management support, which collectively address both physical and mental health, resulting in improved blood pressure control and favorable changes in biochemical parameters, particularly lipid profiles. While these collaborative interventions demonstrate considerable promise in enhancing hypertension management, further research is necessary to evaluate their long-term effectiveness.

Keywords: *Hypertension, Collaborative Nursing, Biochemical Variables, Blood Pressure Control, Patient Education, Healthcare Team, Lifestyle Modifications, Holistic Care.*

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I. Introduction:

High blood pressure, commonly referred to as hypertension, is a common and serious health issue that threatens millions of individuals worldwide, including a sizable section of the Indian populace. It is frequently referred to as a "silent killer" because it progresses asymptomatically until consequences like heart disease, stroke, kidney failure, etc. arise. Several variables, including changes in lifestyle, bad eating habits, sedentary behavior, and elevated stress levels, are contributing to India's fast-rising incidence rate. About one in four persons in India suffers from hypertension, according to numerous studies. This puts more strain on the healthcare system and highlights the need for the best treatment facilities and efficient management techniques worldwide.

While hypertension is primarily considered a physical health issue, its psychological effects must also be recognized. Chronic stress and anxiety associated with hypertension can worsen the condition, creating a harmful cycle that is difficult to break. This psychological burden often leads to poor compliance with prescribed treatments, complicating the overall management of blood pressure. In India, cultural stigma surrounding mental health, coupled with limited access to psychological care, results in many hypertensive patients struggling with untreated or inadequately managed stress, which exacerbates their condition. This underscores the importance of adopting comprehensive approaches that address both the physical and mental health aspects of hypertension. [1,2]

Since hypertension has grown to be a significant issue, collaborative care nursing has been adopted by health care systems worldwide, particularly in India, to improve hypertension management. These models collectively developed a team-based approach in which physicians, nurses, dieticians, cardiologists, and other healthcare professionals collaborate to deliver all-encompassing, patient-centered care. Furthermore, this approach is spreading throughout India's public and health care sectors in both urban and rural locations. In addition to merely providing medicine, the objective is to provide comprehensive care that includes patient education, stress management, lifestyle modifications, and dietary counseling—all tailored to each patient's unique needs.[1]

Because of their frequent and intimate interactions with patients, nurses are essential to the effectiveness of team-based therapy. Nurses are essential members of the healthcare team in India, particularly in rural areas where access to healthcare may be limited. They are able to support patients by doing routine monitoring, educating them about lifestyle modifications, promoting adherence to recommended medicines, and helping them

manage their stress. Nonetheless, especially in underprivileged areas, there is still a considerable lack of formal training and knowledge of the entire range of collaborative care approaches. Improving the management of the psychological and physical aspects of hypertension requires an understanding of the role that nurse interventions play in collaborative care.

Furthermore, little research has been done in India on how collaborative nursing treatments affect biochemical indicators such as renal function, glucose levels, and cholesterol. Patients with hypertension are more likely to develop metabolic syndrome, diabetes, and other associated illnesses. Monitoring and improving other biochemical markers that can affect long-term health outcomes is just as important as using medication to control blood pressure. These biochemical markers have been proven to improve with collaborative care approaches that incorporate stress reduction, physical exercise, and dietary management. This has improved blood pressure control and decreased the risk of cardiovascular events. However, there is still a dearth of research in India, and more work is required to assess how well collaborative nursing interventions might improve these biochemical indicators.[(2)]

With an emphasis on their effects on blood pressure control and related biochemical indicators, this narrative review attempts to evaluate the present status of collaborative nursing interventions for hypertension in India. This study aims to provide a thorough overview of the best practices, difficulties, and opportunities for development by examining the body of existing research and case studies from healthcare settings in both urban and rural areas. The ultimate objective is to show how collaborative care may be successfully incorporated into the Indian healthcare system to better the general quality of life for people with hypertension, improve patient outcomes, and lessen the burden of this chronic illness.

Need For The Study:

With rising prevalence rates in India, hypertension continues to be one of the most common and difficult medical conditions in the world. It puts a startling strain on the healthcare system as a major risk factor for heart attacks, strokes, kidney failure, and other severe consequences. Even though pharmaceutical treatments for hypertension have advanced significantly, a multimodal strategy is required for the best results. This strategy needs to address the psychological and biological elements that contribute to hypertension as well as its physiological components. According to recent research, controlling blood pressure is essential for lowering long-term cardiovascular risk and enhancing patient outcomes, as is controlling other biochemical factors like lipid profiles, blood glucose levels, and renal function. [(3)]

In recent years, there has been a growing interest in the role that collaborative nursing interventions play in controlling hypertension. In order to provide complete, patient-centered care, collaborative care models—which entail a team of medical professionals including nurses, doctors, cardiologists, nutritionists, and mental health specialists—have shown potential. Leading the way in these approaches are nurses, who provide continuous observation, instruction, and emotional support. Though the usefulness of collaborative care in lowering blood pressure has received a lot of attention, its effects on biochemical factors and general patient well-being in the Indian setting have received less attention. Therefore, by examining the effects of collaborative nursing interventions on blood pressure and other biochemical indicators in hypertension patients, this study seeks to close this gap.

The significance of tracking and controlling metabolic factors in addition to hypertension has been emphasized by recent research. According to an Indian study by Sharma et al. (2023), patients with hypertension who received collaborative care had notable improvements in their lipid profiles, including lower levels of LDL and total cholesterol, as well as improvements in their blood pressure. In a similar vein, Gupta et al. (2022) discovered that hypertension patients who implemented stress-reduction and lifestyle changes had improved blood glucose control, which is essential for avoiding comorbid diseases like diabetes. These results provide credence to the idea that regulating biochemical factors as part of a comprehensive strategy for managing hypertension can greatly improve long-term health outcomes.

Stress reduction is another crucial component of managing hypertension because it has been demonstrated to directly affect blood pressure and biochemical health. In a study on the connection between long-term stress and hypertension, Patel et al. (2024) found that people who received stress management and psychological support within a collaborative care framework experienced positive change in biochemical markers like glucose and triglycerides in addition to improved blood pressure. This emphasizes how critical it is to incorporate psychological and emotional health into the treatment of hypertension, a field in which nursing interventions are essential.

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incorporate psychological and emotional health into the treatment of hypertension, a field in which nursing interventions are essential for associated biochemical conditions. [4]

By reviewing the body of data on collaborative nursing treatments and their effects on biochemical indicators and hypertension in Indian settings, this narrative review aims to close this research gap. This review will advance knowledge of the advantages and difficulties of putting such interventions into practice in India by examining current research and combining findings. The results will guide healthcare policies and procedures, especially in underprivileged and rural areas, and encourage more efficient, comprehensive methods of treating hypertension and enhancing patient outcomes. The study's ultimate goal is to demonstrate how collaborative care models can revolutionize the treatment of hypertension, enhance mental and physical well-being, and lessen the disease's long-term toll on patients and healthcare systems.[5]

Objectives

1. To find reviews related to collaborative nursing intervention on hypertension among hypertensive patients.
2. To find studies related to collaborative nursing intervention on biochemical variables among hypertensive patients.

II. Methodology

Inclusion criteria

- The last 10 years' research papers
- Full text
- Free full text
- Clinical trial
- Randomized controlled trial
- Male and female both
- English articles

Exclusion Criteria

- Meta analysis
- Age below 39 years
- Preprints
- Review

Search Strategy

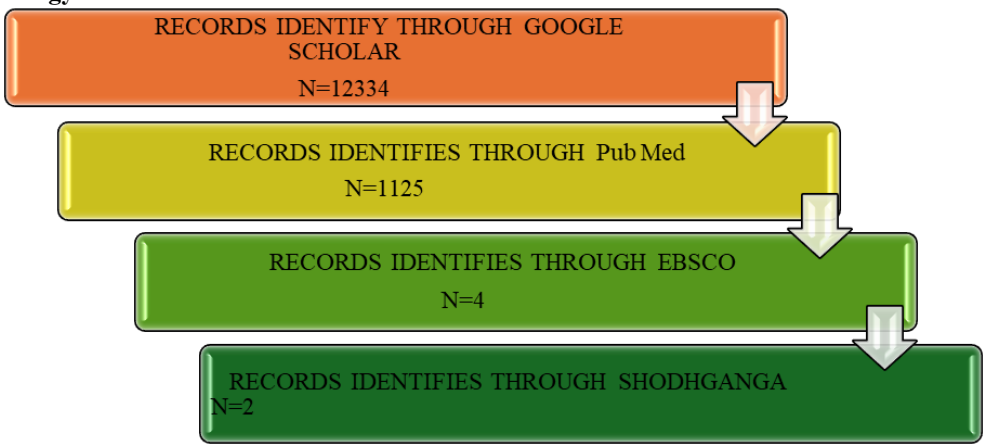

Fig. 1: Shows the search approach for locating different research

Analytical Review

Results are divided into two sections

Section A: Table 1
Results Related To Hypertension

Author/Year	Title Of The Article	Design	Sampling Technique	Sample Size	Findings
Anki Reddy Et Al. (2021)	A Randomized Controlled Trial On The Additional	Parallel, Active-Controlled, Randomized,	Purposive Sampling Technique	266	The Yoga + Standard Lifestyle Modification (SLM) Group Experienced A Higher Reduction In Blood Pressure After 12 Weeks, With A

	Benefit Of Yoga To Standard Lifestyle Modification On Blood Pressure In Prehypertensive Subjects:	Unblinded Study			Decrease Of 10.2 Mm Hg In Systolic Pressure (131.4 To 121.2 Mm Hg) And A Decrease Of 6.8 Mm Hg In Diastolic Pressure (85.5 To 78.7 Mm Hg) (Both $P < 0.001$). Smaller Reductions Were Seen In The SLM-Only Group: 3.2 Mm In The Diastolic (85.2 To 82.0 Mm Hg, $P < 0.05$) And 4.1 Mm In The Systolic (130.9 To 126.8 Mm Hg, $P < 0.05$).
Kashinath G Metri Et Al. (2018)	A Comparative Study To Assess The Effect Of 1-Week Yoga-Based Residential Program On Cardiovascular Variables Of Hypertensive Patients	Comparative Research Design	Convenient Sampling Technique	40	Compared To Baseline, The IAYT Group's Systolic Blood Pressure (SBP) ($P = 0.004$), Diastolic Blood Pressure (DBP) ($P = 0.008$), Mean Arterial Pressure (MAP) ($P = 0.03$), Baroreflex Sensitivity (BRS) ($P < 0.001$), And Total Peripheral Vascular Resistance (TPVR) ($P = 0.007$) Significantly Decreased After One Week Of The Intervention. The Control Group, On The Other Hand, Showed No Discernible Changes In Any Of These Characteristics. Comparing The Two Groups, The IAYT Group Outperformed The Control Group In Terms Of Improvements In SBP ($P = 0.038$), BRS ($P = 0.034$), And TPVR ($P = 0.015$).
Mohamed J. Saadh Et Al. (2021)	Effects Of Aged Garlic Extract On Blood Pressure In Hypertensive Patients: A Systematic Review And Meta-Analysis Of Randomized Controlled Trials	Randomized Controlled Trial	Purposive Sampling Technique	584	The Findings Demonstrated That AGE Garlic Supplementation Significantly Decreased Both Diastolic Blood Pressure (DBP) (WMD: −1.44; 95% CI: −2.87, −0.02; $P = 0.052$; I^2: 36.8%; P: 0.05) And Systolic Blood Pressure (SBP) (WMD: −4.03; 95% CI: −6.87, −1.20; I^2: 57.1%). Higher Dosages Of AGE Garlic Supplementation Significantly Decreased Both SBP And DBP In Hypertensive Individuals, According To Subgroup Analysis.
J. Vasantha Priya Et Al. (2020)	Effects Of Raw Garlic (Allium Sativum) Along With Regular Treatment In Hypertensive Patients	Quasi-Experimental Design	Purposive Sampling Technique	60	The Mean Systolic Blood Pressure (SBP) Values In The Experimental Group Differed Statistically Significantly Between The Pre-Test And 8-Week Measurements, According To Friedman's Repeated Measures Analysis ($X^2 = 23.83$, $P < 0.001$). The Mean SBP Scores Of The Control Group, On The Other Hand, Did Not Alter Significantly Between The Pre-Test And The 8-Week Evaluation ($X^2 = 1.92$, $P > 0.05$). According To These Findings, The Experimental Group's SBP Was Significantly Lower Than That Of The Control Group.
Snuddin Et Al. (2020)	The Effect Of Garlic Extract On Reducing Blood Pressure In Hypertension Patients.	Pretest-Test Pre-Experimental Study	Purposive Sampling Technique	60	With An Average Drop Of 13.43 Mm Hg, The Statistical Analysis For Systolic Blood Pressure Produced A P-Value Of 0.000 (< 0.05), Suggesting A Significant Change In Blood Pressure Between The Pre-Test, Post-1, And Post-2 Measures. With A Mean Drop Of 8.67 Mm Hg, The P-Value For Diastolic Blood Pressure Was Likewise 0.000 (< 0.05), Indicating A Significant Change In Blood Pressure Over The Three Time Points.
SECTION B: TABLE 2 RESULTS RELATED TO BIOCHEMICAL VARIABLES					
Dr. Sarika Sarode Et Al. (2019)	A Study To Assess The Effect Of The Impact Of Yoga On Physiological And Biochemical Parameters In Hypertensive And Normal Subjects In Nagpur, India.	Randomized Controlled Trial	Purposive Sampling Technique	120	At 90 Days, All Groups Experienced A Drop In Total Cholesterol Levels, With Group I Seeing A Highly Significant Decrease ($P < 0.01$) And Groups II And III Experiencing Significant Decreases ($P < 0.05$). Moreover, At 90 Days, Serum Triglycerides Dropped Considerably In Groups I And II ($P < 0.05$) And Extremely Significantly In Group III ($P < 0.01$). HDL Levels In Group III Increased Significantly ($P < 0.05$), Whereas Increases In Groups I And II Were Not Statistically Significant. All Groups Experienced A Significant Decrease In LDL Levels ($P < 0.01$). Similar To Triglycerides, VLDL Levels Decreased Significantly In Groups I And II ($P < 0.05$) And Highly Significantly In Group III ($P < 0.01$). Finally,

					The TC/HDL And LDL/HDL Ratios Were Higher In Groups II And III At Baseline, But All Groups Showed Significant Reductions (P < 0.01) After 90 Days Of Yoga Therapy
Indranil Manna Et Al. (2019)	Effects Of Yoga Training On Body Composition, Cardiovascular And Biochemical Parameters In Healthy Adult Male Volunteers	Randomized Controlled Trial	Random Sampling Technique	60	The Experimental Group's Body Fat Percentage, Systolic Blood Pressure, Resting Heart Rate, Total Cholesterol (TC), Triglycerides (TG), And Low-Density Lipoprotein Cholesterol (LDL-C) Values Were Significantly (P < 0.05) Lower After 12 Weeks Of Yoga Training Than They Were At Baseline (Week 0). Furthermore, The Experimental Group's Levels Of High-Density Lipoprotein Cholesterol (HDL-C) Increased Significantly (P < 0.05). According To These Results, Frequent Yoga Practice Has A Significant Effect On Lipid Profiles, Cardiovascular Health, And Body Composition, Which May Lead To General Health Improvements.
Shivaprasad Shetty Et Al. (2020)	A Study To Assess The Integrated Approach To Yoga Therapy-Based Yoga Module In Improving Cardiovascular Functions And Lipid Profile In Hypertensive Patients.	A Randomized Controlled Trial	Random Sampling Technique	100	With The Exception Of Triglycerides, High-Density Lipoprotein (HDL), And Very Low-Density Lipoprotein (VLDL), Within-Group Analysis At Two Months Showed Substantial Improvements (P < 0.05) In The Intervention Group (IG) Across The Majority Of Variables. On The Other Hand, The Control Group Showed No Discernible Changes. Total Cholesterol (TC) (P = 0.005), HDL (P = 0.047), Non-HDL Cholesterol (P = 0.013), Low-Density Lipoprotein (LDL) (P < 0.001), LDL/HDL Ratio (P = 0.031), Cholesterol/HDL Ratio (P = 0.043), Diastolic Blood Pressure (DBP) (P < 0.001), Systolic Blood Pressure (SBP) (P < 0.001), And All Heart Rate Variability (HRV) Indices (P < 0.001) Were All Significantly Different Between Groups.
Nalin Kumar Mahesh Et Al. (2019)	Role Of Yoga Therapy On Lipid Profile In Patients With Hypertension And Prehypertension.	A Randomized Controlled Trial	Random Sampling Technique.	300	Lipid Values (TC, LDL, VLDL, And TG) Dropped In The Yoga Group After Six Months, Although Neither The Diabetic Nor Non-Diabetic Patients' Reductions Were Statistically Significant (P > 0.05). On The Other Hand, HDL Values Rose Dramatically In The Yoga Group, Particularly Among Diabetics (P < 0.05), And These Gains Persisted At 12 Months (P < 0.05). The Yoga And Control Groups' Baseline Cholesterol Levels Were Comparable (P > 0.05). When Compared To The Control Group, The Yoga Group's TC, TG, VLDL, And LDL Levels Dropped, Although The Differences Were Not Statistically Significant. At Six Months And A Year, The Non-Diabetic Yoga Group's HDL Levels Increased Significantly.

With a 10.2 mm Hg drop in systolic (131.4 to 121.2 mm Hg) and a 6.8 mm Hg drop in diastolic (85.5 to 78.7 mm Hg) blood pressure (both $p < 0.001$), the yoga + standard lifestyle modification (SLM) group demonstrated a larger reduction in blood pressure after 12 weeks than the SLM-only group (4.1 mm Hg systolic and 3.2 mm Hg diastolic, both $p < 0.05$). Significant decreases in systolic blood pressure ($P = 0.004$), diastolic blood pressure ($P = 0.008$), mean arterial pressure ($P = 0.03$), baroreflex sensitivity ($P < 0.001$), and total peripheral vascular resistance ($P = 0.007$) were noted in the IAYT group in a comparative study on the impact of a one-week yoga-based residential program for hypertensive patients. The control group did not experience any notable changes. Both the systolic (WMD: −4.03; 95% CI: −6.87, −1.20) and diastolic (WMD: −1.44; 95% CI: −2.87, −0.02) blood pressures were significantly reduced by the yoga-based lifestyle intervention, and further improvements were shown with larger dosages of aged garlic extract. Research on supplementing raw garlic demonstrated that the experimental group's systolic blood pressure significantly decreased ($P < 0.001$), whereas the control group did not exhibit any significant changes. Additionally, in research with hypertensive and normal patients, yoga treatment showed reductions in cholesterol levels that lasted for up to 90 days, lowering total cholesterol ($p < 0.01$) and LDL while raising HDL. Additionally, yoga significantly decreased the resting heart rate, systolic blood pressure, and body fat percentage. Additionally, in hypertensive patients, the integrated yoga therapy method demonstrated notable improvements in heart rate variability as well as cardiovascular functioning

and lipid profiles, including significant decreases in LDL levels and systolic and diastolic blood pressure. Nonetheless, a study examining the impact of yoga therapy on lipid profiles in individuals with hypertension and prehypertension discovered that although HDL levels rose noticeably in the yoga group, lipid level decreases were not statistically significant for patients with or without diabetes. Overall, the results demonstrate how beneficial yoga and dietary changes, including taking supplements of garlic, are for controlling hypertension and enhancing cardiovascular health.

III. Results And Discussion:

Recent data from several meta-analyses and clinical studies emphasize the benefits of team-based nursing treatments for blood pressure management. These methods frequently involve lifestyle modifications like increased exercise, better nutrition, stress management, and patient education. These approaches also emphasize a holistic approach to the patient, which promotes long-term health and welfare, rather than just medication. To provide patient-centered care that is tailored to the patient's needs, nurses will collaborate with other medical experts, including doctors, physicians, and counselors.

These strategies are increasingly using complementary therapy like yoga and relaxation techniques. By lowering stress and restoring balance to the autonomic nerve system, yoga has demonstrated definite benefits in the treatment of hypertension in patients. Furthermore, some studies indicate that these interventions might affect several helpful biochemical markers, including renal function, blood sugar, and cholesterol.

Future studies should focus on examining the potential integration of non-pharmacological therapy, such as yoga and dietary modifications, with conventional treatments.

Future Scope:

Future studies could explore the effectiveness of home-based yoga interventions compared to other lifestyle modifications, such as dietary changes or pharmacological treatments, to identify the most efficient strategy for managing hypertension. This is particularly relevant in regions where healthcare access is limited, and mobile health solutions, such as yoga-guided apps or online platforms, could be leveraged to provide wider access to these beneficial interventions. By improving accessibility and patient adherence through digital platforms, healthcare providers can ensure that even individuals in underserved or remote areas can benefit from comprehensive hypertension management strategies.

Integrating yoga and stress management techniques into nursing education and professional development programs could be instrumental in enhancing healthcare providers' well-being and improving patient outcomes. By equipping nurses with the skills to manage their own stress and promote patient wellness through collaborative interventions, healthcare systems could foster a more effective, patient-centered care model. This approach would not only benefit the patients but also contribute to the overall quality of care in managing hypertension and related comorbidities.

For individuals diagnosed with primary hypertension, the combination of complementary therapies such as yoga and garlic supplementation with conventional medications may offer a more personalized and effective management strategy. As physicians monitor and adjust medication regimens, patients who experience drug resistance or persistent hypertension despite medication could potentially benefit from these adjunctive therapies. With close monitoring, medication dosages may be gradually reduced once stable blood pressure is achieved, offering a more holistic approach to managing the condition.

Critique And Limitations:

Although complementary therapies like yoga and garlic supplements, as well as collaborative nursing interventions, show promise, there are a few areas that need more research.

1. **Diverse Populations:** A lot of research on alternative treatments for hypertension has mostly concentrated on groups, frequently ignoring differences in demographics, socioeconomic status, or ethnicity. A more representative sample should be used in future studies to guarantee that the results can be applied to a larger population.
2. **Effectiveness of Complementary Therapies:** While yoga and garlic have shown positive effects on biochemical markers and blood pressure, more solid data is still required to support these assertions. To guarantee consistent and dependable results in clinical settings, complementary therapies must have clear definitions and standardized processes.
3. **Possible Drug Interactions:** There are possible drug interactions when taking traditional antihypertensive drugs together with unconventional therapies like taking supplements of garlic. In order to prevent side effects and guarantee patient safety when combining therapies, future research should concentrate on evaluating these interactions.

4. **Long-Term Results:** Most of the research on yoga, garlic supplements, and other complementary therapies has concentrated on immediate results. To evaluate the safety and sustainability of these therapies in the long-term therapy of hypertension, long-term, longitudinal studies are required.
5. **Patient education and accessibility:** It is critical to make sure complementary therapies are available, particularly in underserved or rural areas. Future studies must assess the efficacy of delivering these treatments via telehealth platforms or regional healthcare providers. In order to promote adherence and maximize results, patient education regarding the advantages and appropriate application of these treatments will also be crucial.

IV. Conclusion

This narrative review concludes by highlighting the increasing significance of collaborative nursing interventions in the management of hypertension and the biochemical variables that are linked to it. Combining alternative therapies, such yoga and garlic supplements, with conventional treatment methods has demonstrated encouraging outcomes in terms of blood pressure control and cardiovascular health enhancement. Combining pharmaceutical therapies with lifestyle changes may have synergistic effects that provide a more comprehensive and individualized strategy to managing hypertension. To evaluate the long-term effectiveness and safety of these therapies, especially in diverse groups, more study is necessary. Furthermore, investigating how nurses can support and educate patients to facilitate these actions can improve therapy results. Significant gains in patient well-being and health outcomes can be achieved by incorporating collaborative care models into the healthcare system, particularly in underprivileged areas.

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