Hawthorn (*Crataegus laevigata*) extract was shown to reduce significantly diastolic, but not systolic, blood pressure in patients who had Type 2 diabetes [9].

Magnesium intake in the diet was found to associate with lower blood pressure levels [6].

Olive leaf (*Olea europaea*) extract is known in traditional medicine around the world to combat hypertension. The hypotensive action of olive extract is perhaps through a Ca²⁺ channel antagonistic effect [10].

Potassium supplementation was shown in clinical studies to reduce diastolic and systolic blood pressure in a dose-dependent manner primarily through a vasodilatory action. Fruits and vegetables are usually a good source of potassium in the diet [11].

Taurine is an amino acid that was shown in clinical trials to significantly lower diastolic and systolic blood pressure by enhancing endorphin production and lowering epinephrine serum levels [7].

Vitamin C reduces blood pressure through NO retention [7].

Vitamin D serum levels are found to be inversely correlated with the prevalence of hypertension in the population. Moreover, high serum levels of this vitamin correlate well with lower diastolic blood pressure readings [4].

Vitamin E increases the production of NO by potentiating the activity of nitric oxide synthase [7].

In summary, strong evidence in the literature supports the use of nutraceuticals in the management of hypertension. However, since uncontrolled hypertension can lead to major health complications and even to death, patients with hypertension must coordinate their use of nutraceuticals with their physicians to maximize the health benefits of these products.

**References**


