# **Original Research Article**

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# The influence of rosella flower tea on blood pressure reduction in hypertension patients

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# **ABSTRACT**

**Background:** Hypertension is called the silent killer because it does not provide specific symptoms, it can increase the incidence of strokes, heart attacks, chronic kidney disease if not controlled and controlled properly. Management of hypertension is generally with pharmacological therapy that has not shown improvement. Non-pharmacological treatment using rosella flower tea which functions to open blood vessels wider, reduce blood viscosity and increase urine production so as to reduce blood volume. The purpose of this study was to study the effect of rosella tea on reducing blood pressure in hypertensive patients.

**Methods:** This study uses a quasi-experiment design with the two-group pre-test and post-test design approach. This research was conducted on patients with hypertension at the Padang city health center with an intervention group of 16 respondents and a control of 16 respondents. Data analysis in this study used univariate and bivariate using independent t-test statistics.

**Results:** The results of the study showed the average blood pressure in the systolic pretest intervention group 147.81 for 94.69 diastole and posttest systole 129.06 posttest diastole 78.75 while the control group for systole pretest 154.6 for diastole 96.25 and posttest without posttest treatment systole 129.06 postest diastole 78.75. Obtained a p value 0,000 statistical test for systole and a p value 0,000 diastole.

**Conclusions:** There is an effect of rosella flower tea on reducing blood pressure in patients with hypertension at the Padang city health center.

Keywords: Hypertension, Rosella flower tea, Decreased blood pressure

# **INTRODUCTION**

Hypertension has a major impact on the burden of cardiovascular disease worldwide.<sup>1</sup> Morbidity and mortality of hypertension is very high because it can damage a number of important organs in the body. People with hypertension have twice the risk of suffering from CAD, four times more suffering from congestive heart failure and seven times higher stroke than people who have normal blood pressure.<sup>2</sup> Hypertension is called the silent killer because it is often without complaints, so

patients do not know that they have hypertension and it is only known after complications occur.<sup>3</sup>

Data from the world health organization (WHO) in 2015 showed that around 1.13 billion people in the world have hypertension, meaning that 1 in 3 people in the world is diagnosed with hypertension. The number of people with hypertension continues to increase every year, it is estimated that in 2025 there will be 1.5 billion people who are affected by hypertension, and it is estimated that every year 9.4 million people die from hypertension and its complications.<sup>4</sup>

Riskesdas (2018), the death rate due to hypertension was ranked 5th out of ten causes of death in Indonesia with an average hypertension prevalence of 34.1%.<sup>5</sup> West Sumatra ranks 5<sup>th</sup> out of the number of hypertensions in Indonesia with a prevalence of 484,345 cases. The highest case of hypertension in the city of Padang is in the working area of the Andalas community health center with 2016 visits totaling 4678 and increasing to 9,587 in 2018, the visit ranks first among several other disease problems.<sup>5</sup>

Treatment of hypertension is generally done with pharmacological therapy which aims to reduce blood pressure but often has side effects of drugs that aggravate kidney function. Existing drugs for hypertension have not shown their health status. Non-pharmacological treatment methods are expected to be able to complement pharmacological treatment in lowering blood pressure by using herbal medicine for rosella flower tea.

Rosella flower (Hibiscus Sabdariffa L.) has the same ability as a blood pressure-reducing drug, which can open blood vessels wider, reduce blood viscosity and increase urine production so as to reduce blood volume. Even rosella can control mild or moderate types of hypertension. Rosella tea can work faster and certainly safer and better than medicine.<sup>6,7</sup> The chemical content of rosella are organic acids, flavonoids (flavanols and anthocyanins), calcium, niacin, riboflavin, iron, and vitamins A and C.<sup>8</sup> The active compound in rosella helps smooth digestion by reducing the degree of viscosity (thickness) of blood. Furthermore, the work of the heart pumps blood more lightly and automatically lowers blood pressure.9-12 How to make rosella tea only need a glass of hot water, sugar and of course rosella flowers that have dried, no more than ten minutes of rosella tea is ready to be enjoyed and this tea is taken 2 times a day every day until blood pressure returns to normal. Provision of standardized rosella calyx extracts containing 9.6 mg of anthocyanin (the natural red color of rosella flowers) every day for 12 days, can reduce blood pressure that is not significantly different from captopril 50 mg/day. Standardized rosella is made from 3 dried roselle flowers and 200 liters of water. 13 Research conducted by Seck et al can reduce blood pressure by giving rosella tea flowers and other studies state that using rosella tea can reduce blood pressure.14-20

The purpose of this study was to study the effect of rosella flower tea on reducing blood pressure in people with hypertension.

# **METHODS**

This research is a quantitative study with a quasiexperimental design with a two-group pretest and posttest design approach. This research was conducted at Puskesmas Padang city. The population in this study was 7,670 hypertensive patients in the working area of the public health center with a sample of 16 interventions and 16 controls. This study was conducted on March 5 to May 5 2020. With the inclusion criteria for mild and moderate hypertension patients and 30-60 years old, while the exclusion criteria were respondents with complications. This study used rosella flower tea which was used dried roselle flower petals which was consumed 2 times a day for 2 weeks by measuring the blood pressure of the respondents before and after being given rosella flower tea. Normality test with a normal distribution used Shapiro-wilk. Data were distributed in narrative and tabular form using an independent t-test.

# **RESULTS**

Table 1 found that more than half of the 78.13 respondents were female.

Table 1: Gender frequency distribution of rosella flower tea in patients with hypertension (n=32).

Gender	Frequency (F)	Percentage (%)
Male	7	21.87
Female	25	78.13

Table 2: The average delivery of rosella flower tea to reduce blood pressure in patients with hypertension in the Padang city health center in the intervention group and control group.

	Pre-test		Post-test	
Variable	Control		Intervention	
	Mean	N	Mean	N
Pre-test systole	154.69		147.81	16
Pre-test diastole	96.25	16	94.69	
Post-test systole	147.19	_ 10	129.06	
Post-test diastole	94.06		78.75	

Table 2: The Effect of rosella flower tea on reducing blood pressure in patients with hypertension in Padang city health center in the control and intervention groups.

Variable	Mean	SD	P value	N
The mean decreases in Systolic blood pressure in patients with hypertension by the administration of rosella tea to the control and intervention groups	18.125	2.894	0.000	32
The mean decreases in blood pressure diastole in patients with hypertension by the administration of rosella tea to the control and intervention groups	15.313	1.752	0.000	32

Table 2 above proves that the average value of hypertension reduction in the systolic pre-test intervention group is 147.81 for 94.69 diastoles while the average post-test systole is 129.06 and post-test diastole 78.75. and above proves that the average value of hypertension reduction in the systolic pretest control group is 154.69 for 96.25 diastole while the mean post-systole 147.19 and post-test diastole 94.06.

Table 3 above shows that the results of statistical tests with a p value of 0.000 (p<0.05) means that there is an influence of the influence of the influence of rosella flower tea on reducing blood pressure in hypertensive patients at the Padang city health center.

# **DISCUSSION**

Based on the results of the study showed that the statistical test results obtained p value of 0.000~(p<0.05) means that there is an influence of the influence of the influence of rosella flower tea on reducing blood pressure in patients with hypertension

This study is in line with Sumirat et al with the results of the analysis of the influence of the use of rosella flower tea on reducing blood pressure between hypertensive patients given rosella flower tea with hypertension sufferers who were not given rosella flower tea. blood pressure in patients with hypertension. By using the t-test of two paired samples using the two-way test, systole was obtained with a significant level of 0.05/2 (p<0.025), p=0.000, which means that H0 was rejected and H1 was accepted. Diastole also with a two-way test, with a significant level of 0.05/2 (p<0.025), obtained p=0.000, which means it does not reject.<sup>22</sup>

In this study the experimental group was given 3 dried rosella flowers which were given once a day every morning and given for 12 days. Roselle has a hypotensive and diuretic effect. Rosella is used as a folk medicine; rosella has a mild laxative effect and has the ability to increase urinary frequency because it has two types of diuretics namely ascorbic acid and glycoside acid. Because rosella contains citric acid, so it is used as an herbal that has a cooling effect, the ability is caused because it can increase blood flow in the skin layer and dilate pores to cool the skin. The leaves and flowers are used as a tea for boosting digestion and kidney function. Flowers and seeds are used for diuretics, laxatives and tonics. Thus, rosella has the qualification as an herbal plant because it has been used as a drug in reducing high blood pressure.<sup>22</sup>

Besides the chemical content of rosella, namely organic acids, flavonoids (flavanols and anthocyanins), calcium, niacin, riboflavin, iron, and vitamins A and C. Active compounds in rosella help facilitate digestion by reducing the degree of viscosity (thickness) of blood. Furthermore,

the work of the heart pumps blood more lightly and automatically lowers blood pressure.<sup>24</sup>

# **CONCLUSION**

There is an effect of rosella flower tea on reducing blood pressure in patients with hypertension at the Padang city health center.

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# **REFERENCES**

- 1. Bromfield S, Muntner P. High blood pressure: the leading global burden of disease risk factor and the need for worldwide prevention programs. Curr Hypertens Repor. 2013;15(3):134-6.
- 2. Mohan V, Seedat YK, Pradeepa R. The rising burden of diabetes and hypertension in southeast Asian and African regions: need for effective strategies for prevention and control in primary health care settings. Int J Hypertens. 2013;14:2013.
- 3. Paretyaningrum, Indah Y. Hypertension is not to be feared. Jakarta F Med. 2014:45-70.
- 4. WHO in Widiyani. Hypertension Patients Continue to Increase. Available at: http://health.kompas.com/rend/04/05/1404008/pend erita.hipertension. Accessed on 05 June 2019.
- Basic Health Research (Riskesdas). Data Collection Officer Interviewer Guidelines. Jakarta. Nationl Research Development Agency.
- 6. Wahabi HA, Alansary LA, Al-Sabban AH, Glasziuo P. The effectiveness of Hibiscus sabdariffa in the treatment of hypertension. Systemat Rev Phytomedic. 2010;1(7):83-6.
- 7. Ngamjarus C, Pattanittum P, Somboonporn C. Roselle for hypertension in adults. Cochr Databa Syst Rev. 2010:1-17.
- 8. Yang MY, Peng CH, Chan KC, Yang YS, Huang CN, Wang CJ. The hypolipidemic effect of Hibiscus sabdariffa polyphenols via inhibiting lipogenesis and promoting hepatic lipid clearance. J Agric Food Chem. 2010;5(8):850-9.
- 9. Ali BH, Wabel NA, Blunden G. Phytochemicals, pharmacological and toxicological aspects of Hibiscus sabdariffa L: A review Phytother Res. 2015:1(9):369-75.
- Gruenwald J, Brendler T, Jaenicke C. Hibiscus. In: Gruenwald J, Brendler T, Jaenicke C, editors. PDR for Herbal Medicines. 4<sup>th</sup> ed. Montvale, NJ: Thomson Health Care Inc. 2017;8(1):442-3.

- 11. Segura-Carretero A, Puertas-Mejia MA, Cortacero-Ramirez S, Beltran R, Alonso-Villaverde C, Joven J, et al. Selective extraction, separation and identification of anthocyanins from Habiscus sabdariffa L. using solid phase extraction capillary electrophoresis mass spectrometry (time-of-flight ion trap). Electropho. 2018;2(9):2852-61.
- Maygo-Ayerdi SG, Arranz S, Serrano J, Goni I. Dietary fiber content and associated antioxidant compounds in roselle flower (Hibiscus sabdariffa L.) beverage. J Agric Food Chem. 2017;5(5):7886-90.
- 13. McKay DL, Chen CYO, Saltzman E, Blumberg JB. Hibiscus Sabdariffa L. Tea (Tisane) lowers blood pressure in prehypertensive and mildly hypertensive adults. J Nutr. 2010;1(4):298-303.
- Seck SM, Doupa D, Dia DG, Diop EA, Ardiet DL, Nogueira RC, et al. Clinical efficacy of African traditional medicines in hypertension: A randomized controlled trial with Combretum micranthum and Hibiscus sabdariffa. J Hum Hypertens. 2018;32(1):75-81.
- Fakeye TO, Pal A, Bawankule DU, Yadav NP, Khanuja SP. Toxic effects of oral administration of extracts of dried calyx of Hibiscus sabdariffa Linn. (Malvaceae). Phytotherapy Research. Int J Devot Pharmacologic Toxicologic Evaluat Natur Produ Derivat. 2009;23(3):412-6.
- Ndu OO, Nworu CS, Ehiemere CO, Ndukwe NC, Ochiogu IS. Herb–drug interaction between the extract of Hibiscus sabdariffa L. and hydrochlorothiazide in experimental animals. J Medic Food. 2011;14(6):640-4.
- 17. Kolawole JA, Maduenyi A. Effect of zobo drink (Hibiscus sabdariffa water extract) on the pharmacokinetics of acetaminophen in human

- volunteers. Eur J Drug Metab Pharmacokinet. 2016;2(9):25-9.
- Sumirat, Widhi and Wijayanto, Kristyan. Effect of Rosella Flower Tea Utilization on Reducing Blood Pressure in Patients with Hypertension, Research Report, Akper Pamenang Pare, Kediri. 2012:6(2):45-78.
- Andika, Kadek Agus. Effect of Roselle Flower Influence on Changes in Blood Pressure of Hypertension Patients with Captopril Therapy. Resear Repo Facul Medic Sam Ratulangi Univers Manado. 2014;5(1):130-45.
- Aprililianti, Dewi. Effect of Giving Rosella Flower Petals Extract on Decreasing Blood Pressure Levels in Patients with Hypertension. Resear Repo Eka Harapan Sch Heal Sci Centr Kalimantan. 2018;6(2):274-9.
- 21. Udjianti, WJ. Cardiovascular Nursing. Jakarta: Salemba Medika; 2011:69-88.
- 22. Sumirat, Widhi, Wijayanto, Kristyan. Effect of Rosella Flower Tea Utilization on Reducing Blood Pressure in Patients with Hypertension. Resear Repo Akper Pamenang Pare, Kediri. 2012;6(1):54-9.
- 23. Suddenly. The Effect of Rosella Flower Tea on Reducing High Blood Pressure in the Elderly in Windu Village, Karangbinangun District. Lamonga District Resear Repo. 2011;2(4):38-45.
- 24. Agromedia Editor. Healthy Solutions to Overcome Hypertension. Jakarta: Agromedia Reader. 2009:68-92.

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