



Newsletter

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SODIUM – DECREASE OR INCREASE YOUR INTAKE?

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For year's people have asked why we do not recommend salt restriction more often. My answer then and now is, that our dietary guidelines are based upon individual indications and are not blanket recommendations for the population as a whole.

Years ago, the government based primarily upon studies of a primitive culture, issued warnings to the entire U.S. population that eating salt increased the risk of high blood pressure. The studies revealed that these people ate very little salt, and they also had low blood pressure. The researchers concluded that salt must be the cause of hypertension for us here in the industrialized world. As a result, many people then began to stringently reduce their salt intake for themselves and their families. Salt was soon to become known as the "silent killer". Television and radio commercials advocated reduced salt intake for life. Eventually low salt and no-salt foods entered the scene supporting this somewhat questionable conclusion based on inconclusive evidence.

Many years ago I had written a couple of brief articles on what I felt was actually the increased need for sodium in the diet for many people, and the frequent misplaced blame of sodium on some hypertension. Unfortunately, the adverse effect of salt on a limited number of individuals with hypertension seemed to outweigh the possible benefits of sodium, and justified recommending the exclusion of salt in everybody's diet. As usual, these past studies as do most studies, do not take into consideration individual biochemical requirements. Instead, they seem to race headlong into making blanket recommendations for numerous conditions, based upon oversimplified hypotheses.

It now appears that after millions of dollars and years of research, they have now found that the need for salt restriction is only necessary for a small segment of the population. In fact, only about 10 to 15 percent may benefit from limiting their salt intake. These are "salt-sensitive" individuals with high blood pressure. For them, eating less salt helps to keep their blood pressure from going any higher. This does not mean however, that eating salt causes high blood pressure. A study called "Intersalt", compared 52 groups of people in 32 countries, and concluded that salt actually does not matter much. The study showed that primitive groups with low salt intake had low blood pressure, but in industrialized populations, there was no relationship between how much salt the people consumed and their blood pressure.

When applying dietary information to HTMA and metabolic typing, we can readily see who would benefit from a salt restricted diet, as well as those who would not. As mentioned earlier, some people are salt-sensitive (approx. 10 - 15%), meaning that they are sodium retainers. Their metabolic characteristics cause them to retain sodium whether they consume large or even small amounts of salt. These are generally the fast metabolic types, who have high or

even hyperactive adrenal gland function. It is known that when the adrenals are overactive, sodium is retained in the body. These people are also low in the key minerals, which help to protect the body from sodium build-up, such as calcium and magnesium.

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Another segment of the population can be called "salt-insensitive", which means that they lose sodium from the body, even though they may eat large amounts of salt. Salt insensitivity is usually found with slow metabolic types, as they are frequently found to have adrenal insufficiency. Low adrenal function reduces the body's ability to retain sodium. An extreme example is Addison's disease, which is associated with an almost total lack of adrenal cortical hormone production. Individuals with this condition crave and eat copious amounts of salt, unless they are taking adrenal hormones. In addition, slow metabolizers have too much of the sodium protective minerals, calcium and magnesium, which compound the problem.

Is salt good or bad? The answer is of course, both. For centuries salt has been a valuable commodity. It has been used as a measure of wealth as well as a bartering currency. However, salt could be extremely destructive. A warring nation could wreak havoc upon their neighbors by salting their fields. This would devastate agriculture, and the fields would lay fallow for years to come.

The same is true in the body. The body considers sodium a valuable commodity. Life could not be sustained without it. For some people, small amounts can be potentially harmful, yet for others who have an inability to retain it, large amounts may be needed.

The problem now for many researchers that have conducted sodium studies is how to inform the public of this contradictory information without destroying the whole credibility process. It appears that this is a major obstacle, and the news may never get out to the public at large.

In conclusion, I want to emphasize that for that percentage of the population who may be salt-sensitive, continued monitoring of salt intake would definitely be beneficial. However, for the majority of the population who are salt-insensitive, moderate intake should not pose a problem.
