Dr Sears tells us: DO SAY Pass us the REAL SALT, not the Low Salt

March 29, 2018
Al Sears, MD
11905 Southern Blvd.
Royal Palm Beach, FL 33411

You've probably heard the expression that something important is "worth its weight in salt." And that a person who's decent and good is the "salt of the earth."

These expressions have their origin in the fact that up until about only a hundred years ago or so, salt was one of the most valuable and sought-after commodities in the world.

Today, it's one of the most vilified.

In fact, the American Heart Association (AHA) recently made a shocking announcement in the journal, *Hypertension*.

They claimed that one in 10 Americans dies from eating too much salt.¹

I'm sure you've heard the dire warnings about salt from your own doctor, the media, the FDA and just about everyone else.

It makes great attention-grabbing headlines.

But these recommendations are not just misleading...

They're downright dangerous.

Current FDA and AHA guidelines recommend that to lower blood pressure and reduce your risk of heart disease, you should consume no more than 1,500 mg of salt per day.

Their hypothesis goes like this... You eat salt and get thirsty, so you drink more water. The excess salt causes your body to retain that water.

And retaining excess water increases your blood volume, which leads to higher blood pressure... and therefore to heart disease and stroke.

It seems to make sense in theory. But there's a big problem.

The facts don't back it up.

Repeated studies have failed to show a causal link between salt intake and high blood pressure. In fact, a lot of research even points in the opposite direction.²

Most doctors will never tell you that multiple peer-reviewed studies published over the last 10 years reveal that when your daily sodium intake drops **below** 3,500 mg, your body reacts with a rapid rise in the hormones *renin*, *angiotensin* and *aldosterone*.³

This can lead to insulin resistance and trigger chronic diseases, like *diabetes, metabolic syndrome and heart disease* — precisely what salt restriction is supposed to prevent.^{4,5}

Let me explain...

In a 2016 Harvard study — involving 130,000 people across 49 countries — researchers put healthy people on a low-salt diet.

Within just 7 days, these previously healthy participants developed insulin resistance!

In fact, the researchers found that low salt intake raised their risk of heart attack, stroke and death, compared with an average salt intake.⁶

I'm all for better labeling and your right to choose how much salt you consume. But if you were to slash your salt consumption by 30% or more, as the FDA and AHA recommend, the chances are we'd be struck by a major health crisis.

Decades of pushing a low-salt diet may even be partly responsible for the epidemic in insulin-resistance and diabetes faced by millions of Americans today.

Salt craving is normal. It's a biological need, just like your thirst for water.

The truth is, you can't live without salt.

Salt carries nutrients across cell membranes and into your cells. Your heart, kidneys, liver and other organs need it to function. It helps regulate fluid balance and muscle contraction. You can't digest food without it.

And humans are salty people. We cry and sweat salt. Even our blood is salty.

Studies show that when people are allowed to use as much salt as they like, they tend to settle at about a teaspoon-and-a-half a day — around 3,500 mg of sodium. This is true all over the world, across all cultures, climates and social backgrounds. 7

The real question you should be asking is not, should you eat salt or not — but what kind of salt should you eat? Because not all salt is created equal...

Don't Buy Into the Big Salt Lie

Here's what I tell my patients who are worried about their salt intake:

- 1. **Toss the processed table salt.** The salt you find on supermarket shelves is refined table salt. And table salt is not even anywhere close to the kind of salt Mother Nature intended. Table salt is superheated and bleached until it's devoid of nutrients and minerals.
- 2. **Stop eating fake foods.** Americans get almost 80% of their salt intake from processed foods. And these fake foods are loaded with sodium even if they aren't traditionally "salty" foods. It acts as a food preserver and works by removing water from the food so bacteria can't survive.

Salt has been used to preserve food for thousands of years. But the salt Big Agra uses is loaded with chemicals and can be listed in the ingredients under names like sodium ascorbate and sodium lactate.

- 3. Choose natural salt alternatives. Here are two of my favorites:
- **Sea Salt:** Natural sea salt is unrefined. It contains sodium chloride like ordinary salt, but also has 50 other minerals, with all the co-factors and trace elements nature intended real salt to have. Sadly, most sea salt around the world has been contaminated by plastics pollution. But it's still better for you than processed table salt.
- Himalayan Crystal Salt: Himalayan salt is mined from ancient salt beds in the Himalayas. Since these salt beds are ancient and dried, they don't have a risk of contamination. They also contain many trace minerals. For example, 500 mg of Himalayan salt has 250 mcg of iodine. Its pinkness comes from its rich iron content.

To Your Good Health,

Al Sears, MD, CNS

^{1. &}quot;Sodium and Salt." American Heart Association.

^{2.} Brownstein D. "Salt Your Way to Health." A Grain of Salt Winter. 2006 issue.

^{3.} Graudal NA., Hubeck-Graudal T., et al. "Effects of Low-Sodium Diet Vs. High-Sodium Diet on Blood Pressure, Renin, Aldosterone, Catecholamines, Cholesterol and Triglyceride [Cochrane Review]." Am J Hypertens. 2012 Jan. 4. Alderman MH., Madhavan S., et al. "Association of the Renin-Sodium Profile With the Risk of Myocardial

^{4.} Alderman MH., Madhavan S., et al. "Association of the Renin-Sodium Profile With the Risk of Myocardial Infarction in Patients With Hypertension." N. Engl. J. Med. 1991.

^{5.} Ruivo GF., Leandro SM., et al. "Insulin Resistance Due to Chronic Salt Restriction is Corrected by a and β Blockade and by l-arginine." *Physiology and Behavior.* 2006.

^{6.} Mente A., et al. "Associations of urinary sodium excretion with cardiovascular events in individuals with and without hypertension: a pooled analysis of data from four studies." *Lancet*. 2016 Jul 30.

^{7.} Alderman MH. "Dietary salt and cardiovascular disease." Hillel Cohen. Published: 10 Dec 2011.